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ABSTRACT

This planning guide was created to help educators plan and implement projects to reduce student abuse of drugs and alcohol. Chapter 1, Perspectives, briefly describes four commonly held perspectives regarding substance abuse: (1) moral-legal; (2) public health; (3) psychosocial; and sociocultural. A brief history of the ways in which New Jersey schools have addressed substance abuse is also presented. Chapter 2, Planning, emphasizes the importance of a thorough planning process and includes methods for problem definition and needs assessment. Chapter 3, Curricula and Programs, describes types of curricula and programs that can be used in reducing student substance abuse. Prevention, intervention, and treatment services are included. The use of community agencies, staffing, and funding are addressed. Chapter 4, Policies and Procedures, presents a process and model for constructing a source substance abuse prevention policy and discusses common legal and policy issues that arise in the development of comprehensive substance abuse projects. Chapter 5, Evaluation, discusses process, outcome, and impact evaluation and suggests strategies for thorough and useful evaluation of substance abuse projects. The appendices offer listings of additional resources, including model programs, training resources, bibliographies, information sources, state and county agencies, and self-help groups. (NB)

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Desk Reference Manual on Student Drug and Alcohol Use:

A Comprehensive Planning Guide

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New Jersey Department of Education, Division of General Academic Education

DESK REFERENCE MANUAL ON STUDENT DRUG AND ALCOHOL USE

A Comprehensive Planning Guide

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COMMISSIONER'S FOREWORD

Schools have the significant task of dealing with the issue of student substance use. Without a united effort by school faculty, administration and the community at-large, we can do little to solve the problems associated with alcohol and drug use. Educators understand that substance use can interfere with learning and may influence disruptive behavior.

Efforts to assist school districts in reducing student substance abuse involve the resources of the New Jersey Departments of Education and Health. Together, these departments are providing services designed to encourage the implementation of effective substance abuse projects in school districts throughout the state. These efforts include:

- Regional Substance Abuse Planning Forums. These forums coordinate the resources of the Departments of Health and Education to assist school districts in comprehensively planning and implementing viable programs, curricula and policies in this area.

- This Desk Reference Manual on Student Drug and Alcohol Use: A Comprehensive Planning Guide (1985). This manual serves as a resource guide for school decision-makers. Within a planning context of needs assessment and evaluation, development of policies and selection of curricula and programs are discussed. The materials it contains have been successfully field tested through the Planning Forums and the Pilot Implementation Projects described below.

- An Assessment/Evaluation Guide (which will be published as a special appendix to the Desk Reference Manual in Winter, 1985) will enable districts to measure student alcohol and drug involvement and evaluate their program efforts to reduce alcohol and drug abuse among students.

- Program Models for the Prevention, Intervention and Treatment of Student Substance Abuse (1984). This compendium presents brief descriptions of curricula and programs pertinent to students potentially or actually involved with alcohol, drugs and tobacco. It references New Jersey schools using these models and gives information of whom to contact for additional details on each program model.

- Pilot Implementation Projects -- Districts that desire to enhance and evaluate their policies, curricula and programs and will be given assistance from the regional curriculum services units. The RCSUs will provide training and coordinate resources from the Departments of Education and Health.

Through these multiple approaches, it is hoped that schools will provide an atmosphere conducive to student achievement and healthy, quality living.

TABLE OF CONTENTS

	PAGE
INTRODUCTION	1
CHAPTER 1: Perspectives	5
The Moral-Legal/Supply Reduction Perspective	6
The Public Health Perspective	6
The Psychosocial Perspective	7
The Sociocultural Perspective	7
New Jersey's Perspectives	8
CHAPTER 2: Planning	11
Defining the Problem	14
Assessing Curriculum, Program and Policy Needs	18
Deciding on Goals	20
Developing Action Plans	21
Determining if Plans are Working	22
CHAPTER 3: Curricula and Programs	23
Prevention	24
Intervention	25
Treatment	27
A Continuum of Services	29
Useful Curricula, Programs and Agencies	31
Selecting Curricula and Programs	31
Selecting Community Programs or Agencies	33
Staffing Substance Abuse Curricula and Programs	34
Budget Issues	37
Funding Sources	39
CHAPTER 4: Policies and Procedures	43
Drug and Alcohol Laws Affecting New Jersey Schools	44
Confidentiality	46
Keeping Records	47
Due Process, Search and Seizure	48
Suspension and Expulsion	51
Policy for Parents, Police, and Medical Emergencies	53
Policy and Community Agencies	54
Policy and Procedures in Problematic Situations	56
CHAPTER 5: Evaluation	63
The Benefits of Evaluation	63
An Evaluation Model	64

PAGE

Appendices A-1

Feedback Form A-81

INTRODUCTION

This document is designed to help educators plan and implement projects to reduce student abuse of drugs and alcohol. Educators, whether they be central office staff, principals, supervisors or teachers, who are integrally involved in the development and operation of substance abuse projects can benefit from its content.

Preparation of this document was based on three assumptions:

- Drug and alcohol abuse is a problem.
- School districts have acknowledged that substance abuse exists among students.
- School districts seek to institute projects to reduce or eliminate these destructive student behaviors.

The need for action has been well documented in a variety of studies, such as Drug and Alcohol Use Among New Jersey High School Students, 1984, published by the Division of Criminal Justice; and Drugs and the Nation's High School Students published in 1980 by the National Institute on Drug Abuse. (Information drawn from the first report cited can be found in Appendix 1.)

This document is divided into five chapters and several appendices:

Chapter 1 PERSPECTIVES

The particular solution chosen to address the problem of student substance abuse is influenced by the values and perspectives of the person or persons planning the project. Consequently, Chapter 1 briefly describes four commonly held perspectives regarding the problem of substance abuse: 1) moral-legal, 2) public health, 3) psychosocial, and 4) sociocultural. To illustrate how these perspectives can influence public policy, a brief history of the ways in which New Jersey schools have addressed substance abuse is presented.

Chapter 2 PLANNING

This chapter emphasizes the importance of a thorough planning process. In an area as emotionally charged as that of substance abuse, planning becomes especially critical in order to avoid knee-jerk reactions that often hinder rather than promote a positive and safe school environment. At its very roots, a viable planning process is based upon careful definition of the problem, matching the response to the problem, mobilization of the resources required for implementation, and on-going evaluation to determine if the project is indeed working.

The school district may find several types of data useful in precisely defining its problem. Problem definition, often through the use of student surveys and the assessment of school needs, provides the essential foundation for effective problem solving. Consequently, planning is cost effective since a project will be selected based upon careful analysis.

Methods for problem definition and needs assessment are included in this chapter and in appendices 1 and 2.

Chapter 3 CURRICULA AND PROGRAMS

This chapter describes types of curricula and programs that can be used in reducing student substance abuse. These fall along a continuum of substance abuse services which includes: 1) prevention services which provide information and skills to students who are assumed to be non-abusers; 2) intervention services which focus upon high risk, potential abusers and which emphasize early identification of young people whose use is problematic; and 3) treatment services which deal with students who are dysfunctional due to their substance abuse.

Chapter 3 provides a method to select curricula and programs which most appropriately meet district needs. The use of community agencies and staffing and funding are also addressed.

Chapter 4 POLICIES AND PROCEDURES

The actions of school districts in response to student substance abuse are prescribed by law. Student rights and responsibilities, reporting requirements, sanctions for possession and use of controlled dangerous substances may be found in both statute and code. Legal issues imbedded in the problem of student substance abuse are complex. Sound decisions regarding district policies must be based upon both a common sense appraisal of the school's goals and community values as well as competent legal counsel. A process and model for constructing a sound substance abuse policy is presented.

This chapter also discusses some of the most common legal and/or policy questions which arise in the development of comprehensive substance abuse projects. Policy examples are given.

While this chapter has been reviewed by the Office of the New Jersey State Attorney General, districts should rely on their own legal counsel when developing policies and procedures.

Chapter 5 EVALUATION

The primary purpose of evaluation is to find out if a project has produced what it intended. Evaluation can also provide information to guide on-going planning and continued implementation efforts. The establishment of substance abuse curricula, programs and policies requires the expenditure of precious resources. Evaluation will determine if project implementation has had the desired effect of reducing student substance abuse, or, if it has not, what modifications need to be made.

The chapter discusses process, outcome and impact evaluation and suggests several strategies for thorough and useful evaluation of substance abuse projects.

APPENDICES

The appendices offer listings of additional resources including model programs, training resources, bibliographies, information sources, state and county agencies, self-help groups, etc. The information contained in the appendices is by no means exhaustive but represents an array of resources which support the development of school substance abuse projects.

PERSPECTIVES

CHAPTER 1

A person's perspective will influence the way in which he/she solves a particular problem. In an area as emotionally charged as that of student substance abuse, planning efforts commonly fail because of divergent viewpoints on the part of policy makers and planners. Philosophical differences often obstruct consensus on defining the problem and setting priorities.

School leaders responsible for developing a district's comprehensive substance abuse project must recognize the inevitability of conflict and be able to proceed in forging agreements, cooperating and supporting well-considered strategies. Program developers should come to accept, if not agree with, the variety of perspectives held by colleagues, administrators, parents, law enforcement personnel and others.

In relation to substance use, perspectives may be divided into four general categories:

1) moral-legal/supply reduction,
2) public health,
3) psycholocial and
4) socio-cultural.

The Moral-Legal/Supply Reduction Perspective

Those who view the problem of substance abuse from this perspective place emphasis upon the substance and regard alcohol or drugs as dangerous because of moral or legal mandates. The primary strategy associated with this perspective consists of restricting the access to substances. Abusers and potential abusers are seen as uninformed, unwilling or criminal, and as requiring protection or prosecution under the law.

Prohibition (1920-1933) exemplified the moral-legal perspective since its major task involved keeping alcohol away from people. Discussions on the legal age for drinking also reflect the moral-legal perspective in an effort to keep alcohol away from youth. Limiting distribution or sale of drugs and punishment or threat of punishment for those involved with drugs are consistent with the moral-legal perspective.

Just as substances are classified as legal/illegal; users tend to be classified as moral/immoral, non-users and abusers. Generally, educational efforts based upon this perspective consist of disseminating information about why substance abuse is wrong and the penalties attached to sale, use, and possession.

The Public Health Perspective

The traditional public health perspective applies to drug and alcohol abuse the conceptual framework derived from infectious disease control and prevention efforts. The "agent" is identified as, for example, alcohol; the "host" is the consuming person; and the "environment" consists of the drinking situation, family members, and social context.

More recently, the U.S. Public Health Service has proposed the following framework for devising strategies to affect problems such as drug and alcohol abuse which exemplifies this perspective:

1. Human Lifestyles - Recognizing that the choices an individual makes about personal lifestyle can increase risk of health problems in a variety of behaviors;

2. Human Environment - Recognizing that settings and other external sources of hazards can increase health problems; and

3. Human Services - Recognizing that preventive services can influence the incidence or course of preventable diseases and conditions for any individual.

The Psychosocial Perspective

The psychosocial perspective emphasizes the individual's choice to use or not use substances. Like any other behavior, an individual's use of substances persists due to the social or psychological function served by such use. Social context contributes to the choices available to the person, since choice is influenced by attitudes and behaviors of various social groups (e.g., family, peer group, community.)

This perspective acknowledges the difference between recreational and addictive use of substances as well as the influences of peer and family modeling. Providing alternative behaviors as substitutes for substance use can decrease misuse of drugs and alcohol. For example, teaching stress reduction techniques may offer psychosocially functional alternatives to substance use.

From the psychosocial perspective, people tend to be categorized according to the pattern of their substance involvement (e.g., amounts, frequencies, functions). Educational efforts based upon the psychosocial perspective often provide strategies which do not deal specifically with the substances themselves. Rather, developmental agendas such as coping, self-concept, decision-making and other interpersonal skills as well as positive involvement by parents, peers, and school personnel are among the strategies emphasized.

The Sociocultural Perspective

The sociocultural perspective associates substance use with a given social or cultural context. This focus goes beyond psychosocial factors in stressing that socioeconomic and environmental factors influence substance abuse.

Educational efforts based on the sociocultural perspective attempt to ameliorate pressing social problems by such measures as enhancing opportunities for employment or overcoming discrimination.

This perspective recognizes the influence of cultural traditions in the acceptance and tolerance of alcohol and drug use. Also, substance abuse is viewed as symptomatic of social problems such as poverty, racism and unemployment.

New Jersey's Perspectives

A brief review of the history of substance abuse efforts in New Jersey schools illustrates how differing perspectives shape priorities, practices and policies.

1. Fear Arousal Techniques: 1965-1972

This period saw students instructed in the hazards of substance use. Particular emphasis on the addictive nature of drugs and their long-term lethal effects was presumed to produce fear in potential users. In addition, focusing upon the criminal and deviant dimensions of substance use was thought to prevent the spread of drug use. State statutes were passed which required education and teacher training about the dangers of drugs (e.g., N.J.S.A. 18A:4-28.1).

2. Preemptive Outreach: 1972-1975

This period stressed a psychosocial orientation with less emphasis upon the pharmacological aspects of drugs than in the previous period (Institute for Social Research Newsletter, Summer 1976). Adolescents were considered to be in a particularly difficult life transition period requiring constructive alternatives to substance use. Programs developed during this period stressed peer pressure as a key factor effecting substance involvement (e.g., Madison Personal Development Program).

3. Strict Enforcement: 1975-1978

The "get tough" policy of this period stressed strengthening criminal statutes on substance use (e.g., Rockefeller Narcotics Laws, movement for "anti-head shop" legislation). Judicial and governmental agencies attempted to heighten awareness of the problem through public health messages and campaigns (e.g., PCP campaign). Also, drug abuse was often linked to overall delinquent behavior such as violence and vandalism.

4. Community-based Approach: 1978-1982

Research and practice during this phase focused upon the importance of inter-agency cooperation in dealing with substance abuse. The emergence of parent action groups and

school-police liaisons reflected this community effort (e.g., SCOP teams, Nation Federation of Parents and PTA involvement). The awareness of alcohol as a preeminent substance of student abuse merged with the passing of statutes requiring alcohol education in the schools (e.g., N.J.S.A. 18A:4-28.13). Finally, public health research demonstrated success in impacting on the incidence of tobacco smoking among teenage boys as well as adults.

5. Integrated Approach: 1982-present

Recent school-based drug and alcohol prevention strategies which have shown promise include a combination of curriculum, policy, and other efforts. Curriculum strategies highlight: (a) a cognitive foundation of information about chemical substances and how they interact with human functioning; (b) positive life skill development (e.g., problem-solving skills); (c) reducing health risk behaviors (e.g., drunk driving); and (d) teaching refusal skills (e.g., practice saying "no" when offered drugs). In conjunction with such curricular objectives, schools have attempted to emphasize clear and consistent policies to promote an environment free of drugs and alcohol. Student assistance programs have emerged which are rooted in effective policies and the concern of schools for the health of their students. These programs identify and motivate students in need of treatment. The use of positive peer groups has resurfaced. Employee assistance programs for school staff have become an important component of a comprehensive prevention effort. Finally, community action groups have been influential in supporting school and other governmental actions geared to limiting substance abuse (e.g., Chemical People, S.C.O.P.).

PLANNING

CHAPTER 2

Successful development of comprehensive substance abuse services depends, like any other program development effort, on good planning. Planning should assure that the extent of the district's substance abuse problem is thoroughly assessed; that the district's response is appropriate to the extent of the problem; and that the district's resources deployed in addressing the problem are used effectively. Planning can lead to efficient coordination of policies, programs and curricula to prevent or reduce substance abuse. The school personnel selected to lead the district's implementation of services should be chosen based upon their planning ability as well as their knowledge of curriculum and substance abuse.

The following outline and illustration on page 13 (Figure 1) summarize a useful five-step comprehensive planning model.

STEP 1: Define the Problem

- How many and, at what grade levels are pupils using what substances?...To what extent?
- Are those students not abusing drugs or alcohol likely to benefit from educational measures intended to prevent student substance abuse?

- What are the current perceptions of the school staff, students and community about the problem and the district's current prevention efforts?

STEP 2: Assess Whether or Not the School's Current Curricula, Programs and Policy/Procedures Adequately Address the Problem

- What are the curriculum needs? Does the curriculum provide effective substance abuse information as well as develop life skills to support non-use life styles and prevent the destructive consequences of substance abuse?

- What are the program needs? Does available programming include prevention, intervention and treatment services in-school or in coordination with community resources?

- What are the policy needs? Does the district's policy conform to state statutes and are procedures for dealing with substance abuse matters clearly defined? Are all district personnel aware of such procedures? Does the policy adequately reflect the values and norms of the community?

STEP 3: Decide on District Goals and Select Curricula, Programs and Policies to Fill the Gap Between the Problem and What the District Already Offers

- What curriculum additions or revisions should be adopted?

- What programs should be instituted?

- What new policies and procedures should be adopted?

STEP 4: Develop Action Plans for Getting the Job Done

- What are the district's goals and how can they be accomplished through objectives?

- What tasks and activities must be completed to meet these objectives?

- What personnel need to be involved; who will do the work?

- What resources must be available to complete the tasks and activities?

- How much staff training will be required?
- What potential problems/issues can be anticipated?

STEP 5: Determine Whether the Action Plans Have Been Accomplished

- How will the district determine whether selected curricula, programs and policies are being implemented correctly?
- What measures will be used to ascertain if student substance abuse has been reduced?
- What assistance will the district require in designing evaluation strategies and analyzing data?

A fuller discussion of each step follows Figure 1 below:

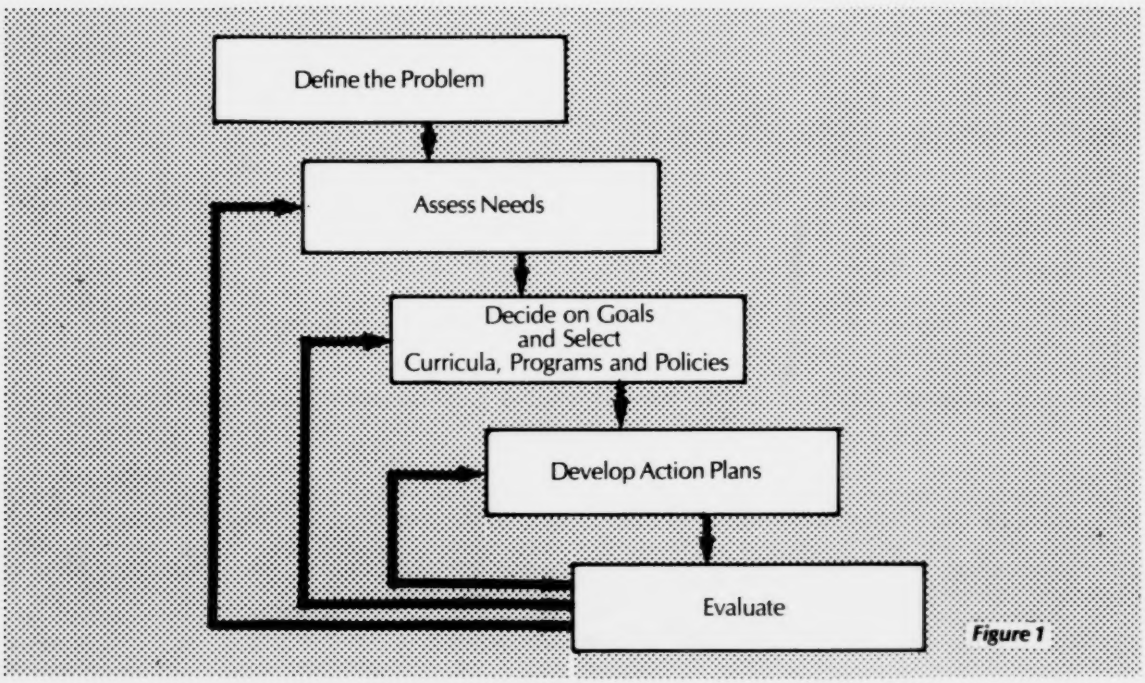


Figure 1

STEP 1

Defining the Problem

Determining the extent and nature of the substance abuse problem is the first, and perhaps, most crucial step to be taken by the school district. Accurate identification of the problem will increase the likelihood that selected strategies will ameliorate student drug and alcohol abuse. An honest and complete assessment of student substance abuse increases the efficiency of planning and helps to assure that the proposed measures are, in fact, appropriate responses to pupil needs.

A district which ignores part of its problem (e.g. drug trafficking on campus and policy/procedures to curb it) and only focuses upon prevention efforts has really accomplished very little. A district which ignores the obvious signs of student substance dependency and consequently does not establish working relationships with local treatment agencies for the referral of such pupils has not been successful. Honest and complete assessment of the problem helps assure that precious resources of time, money and energy get to the places where they will do the most good.

The importance of this first step, Problem Definition, and the inherent difficulties of assessing the extent and nature of student substance abuse warrant a more detailed examination.

WHAT KIND OF DATA TO USE

At least four types of data are available to districts for problem definition. Districts may use data regarding: 1) patterns and prevalence of substance use, 2) problem behaviors frequently associated with substance abuse, 3) pupils' psychological and developmental characteristics, and 4) prevailing social or economic conditions. Each type of information has its uses and limitations. Some data are more available or easier to collect than others. Some data suggest solutions and objectives to be achieved, others do not. The four data types are discussed below.

Substance Use Data. Data concerning the patterns and prevalence of substance use can be generated through self-report surveys administered to students. Examples of problem statements based on such data include:

> "Twenty-two percent of the 16 - to 18-year-olds in the district's high schools report three or more uses of marijuana in the last six months."
>
> "Ten percent of the male students in grades eleven and twelve report three to five uses of amphetamines in the last six months."

Such statements are useful for a number of purposes:

1. They are a strong indicator of whether a substance problem does or does not exist.

2. They can be used to muster support from government or private agencies.

3. They provide baseline data for future research or evaluation.

4. They help in identifying target groups of users and, therefore, help in setting priorities.

Substance use indicators do not, however, reveal either what should be done or how to proceed. While they may describe the problem, they fail to give program direction. Further, self-report data are only as accurate as students are honest in responding to survey questions.

Several useful self-report questionnaires which provide substance use indicators have been developed. Examples of self-report data to define the problem of student substance abuse are the 1981 and 1984 reports by the Division of Criminal Justice on New Jersey high school students. These reports can be acquired through the department's Regional Curriculum Services Units. Appendix 2, "Problem Definition, Needs Assessment and Planning Resources," provides additional informaion on this topic.

Problem Behavior Data. Problem behavior indicators are similar to substance use data; both measure existing behavior patterns. Problem behavior data can be useful because substance abuse is correlated with problem behaviors. For example, a high dropout rate might indicate that many of the dropouts abuse drugs or alcohol.

Indicators include such data as incidences of violence, vandalism, and other criminal behavior. Truancy, absenteeism, dropout rates, decline in grades, behavioral referrals, fighting, etc., may be of help in determining the extent of a school substance abuse problem. Reports of violence and vandalism may be a particularly useful source of information. Problem behavior indicators may be found in existing school records, but it will be helpful to have a systematic plan for searching out these data.

This type of data can be used to define a group of students "at risk" of becoming substance abusers as well as the direction for a substance abuse program. For example, high school absenteeism might suggest the need for an alternative education program to address substance use by first dealing with the problem of absenteeism.

Psychological/Development Characteristics. The usefulness of these data is based on the assumption that persons who develop adequate life skills will find no need for abuse of substances in their lives. Conversely, those students lacking such skills may be particularly vulnerable to substance abuse. While this assumption is not entirely substantiated, some encouraging, preliminary research supports this notion.

Examples of psychological/developmental characteristics generally considered in relation to substance abuse include: sound decision-making; the development of personal values and self-esteem; the ability to resist peer pressure; and the ability to enter into and maintain healthy and productive interpersonal relationships.

Data describing these characteristics can be collected through a variety of psychological or interpersonal questionnaires and inventories. Such data may be particularly useful for determining weaknesses in school curriculum. For example, a self-esteem inventory may show that 45% of the elementary students scored in the "negative" self-image category. The school's curricular objectives, however, do not address self-esteem enhancement. Clearly, the problem definition leads to a possible starting point for program development.

Social and Economic Conditions Data. The usefulness of these data is based upon the assumption that social and economic support structures affect substance abuse. The value of such data is that they can be used to help define "at risk" students, as well as to suggest the direction of program development. For example, in an area where data indicate a high level of unemployment and student substance abuse is either indicated or assumed, a school may choose to address student substance abuse through such measures as job banks, referral services or efforts to increase student employability.

One of the strengths of such data is that they are generally available and already compiled in census records, the U.S. Department of Labor, social agencies, county and city governments, and criminal justice agencies. A weakness of the data, however, is that social conditions cannot be impacted by school effort alone.

The Chart (Figure 2) on the next page summarizes the types of data and their use in program development.

FOUR TYPES OF PROBLEM ORIENTED DATA

DATA TYPE	SUBSTANCE USE INDICATORS	PROBLEM BEHAVIOR INDICATORS	PSYCHOLOGICAL OR DEVELOPMENTAL CHARACTERISTICS	SOCIAL OR ECONOMIC CONDITIONS
DESCRIPTION	Statements on the incidence and prevalence of substance use. Usually broken down by type of substance and by demographic characteristics of the user. Can encompass figures like arrests, number of school emergencies, etc.	These secondary indicators are correlated with substance usage. They include crime rates, vandalism, truancy, dropout rates, etc.	Certain developmental characteristics, usually of a psychological nature, are believed to be correlated with potential for future substance use. These include aspects of family interaction, development of self-esteem or values, and interaction skills.	These data concern themselves with the environmental conditions that correlate highly with substance use. Some of these are poor housing conditions, persistent unemployment, discrimination, and the like.
EXAMPLE	"Sixty-three percent of the 14- to 18-year-olds in four county high schools report five or more uses of illegal psychoactive substances."	"Over the past 4 years, juvenile arrests have risen by 285 percent."	"Sixty percent of third graders at Hoover Elementary School scored 'negative' or 'very negative' on 'The Way I Feel About Myself' Questionnaire Scale"	"In the eight block area bounded by Broadway, Main, Elm and Walnut Streets, the unemployment rate is 32 percent."
DATA COLLECTION	Use data gathered by other sources if possible since costly (see Appendix 2). Use survey data on use behavior and student characteristics.	Review existing school records (e.g. truancy, absenteeism, decline in grades, behavioral referrals, fighting) Develop systematic plan to quantify these records	Decide on characteristics you want to obtain (e.g. self-concept, values) Adapt or develop instrument(s) Select sample Gather data by giving instrument to sample	Access available records (e.g. census data, school achievement, unemployment offices) Correlate social conditions with substance use behavior
DATA USE	To base statements on extent of the problem As baseline for future research or evaluation To define population "at risk:" for intervention Not as information about prevention	Same as substance use indicators Assume behavior indicates substance use involvement	Clearly connect the assumptions about how these skills, attitudes, etc, contribute to substance use or decreased use (e.g. improved self-concept will decrease abuse of psychoactive substances)	Decide if improving social conditions is agenda of school (e.g. develop a program to help students become more employable)

Figure 2

STEP 2

Assessing Curriculum Program and Policy Needs

Following assessment of the problem and the district's current efforts, a planning process should be designed which includes school, student, and community representatives. Such a task force should make recommendations for the district's response in the three areas of curriculum, programs, and policy in order to effectively and comprehensively address student substance abuse.

Curricula, with defined scope, sequence and age level appropriateness, will provide cognitive information about chemical substances and how they interact with the human body and mind. Such curricula can also enhance skills in coping, interpersonal relationships, group interactions, decision-making, strengthening of self image, attitudes and values. (More specific information on substance abuse curricula and their selection can be found in Chapter 3.)

Programs, consisting of a coordinated group of activities outside the regular curricula, can decrease substance abuse. Two general types include: (1) prevention and/or intervention strategies which take place in-school, such as group counseling and special activity groups, and (2) intervention and/or treatment programs provided by community agencies which can be readily accessed by the school. (More specific information regarding programs and their selection can be found in Chapter 3.)

Policies, adopted by the district board of education, must conform to applicable federal and state statutes and must specify procedures for coping with substance abuse matters in a well considered, effective manner. (More specific information regarding applicable laws and appropriate policies can be found in Chapter 4.)

Questions for use in assessing needs are summarized in Figure 3.

Needs Assessment Asks the Following Questions:

1. Does curriculum exist which adequately deals with substance abuse?
2. Do school resources exist to provide programming in prevention activities?
3. Do school resources exist to provide programming in intervention activities?
4. Does the district have ready access to community resources that provide intervention/treatment services?
5. Does local school board policy exist which conforms to all applicable statutes and addresses broader legal issues?

Figure 3

1. Does curriculum exist which adequately deals with substance abuse?

   For example, does the current curriculum have the following elements:

   - K-12 Age Level, Scope and Sequence
   - Teacher Training Component
   - Knowledge Base
   - Decision-making/Values and Attitudes
   - Coping Skills
   - Interpersonal Skills/Group Skills
   - A Basis in Substance Abuse Objectives
   - Self-Esteem Enhancement

2. Do school resources exist to provide programming in prevention activities?

   For example, could prevention activities be incorporated into:

   - Alternative Activities
   - School Climate
   - Staff Training in Attitudes, Values, Group Skills, Coping, Interpersonal Skills, Knowledge Base About Substances

3. Do school resources exist to provide programming in intervention activities?

   For example, does the district have access to:

   - Assessment/Diagnosis/Referral
   - Crisis Intervention
   - Peer Counseling/Peer Group Process
   - Individual Counseling
   - Family Counseling
   - Group Counseling
   - Student Assistance
   - Alternative School Environment/Program
   - Employee Assistance Program
   - Special Education Program

4. Does the district have ready access to community resources that provide intervention/treatment services?

   For example, do community services exist for:

   - Assessment/Diagnosis/Referral
   - Individual Counseling/Therapy
   - Family Counseling/Therapy
   - Group Counseling/Therapy

- Residential Programs
- Hospitalization
- Out-patient Programs
- Self-Help Groups
- Aftercare in School or Community Setting

5. Does local school board policy exist which conforms to all applicable statutes and which addresses broader legal issues?

   For example, does district policy address:

   Applicable New Jersey statues (see Chapter 4)

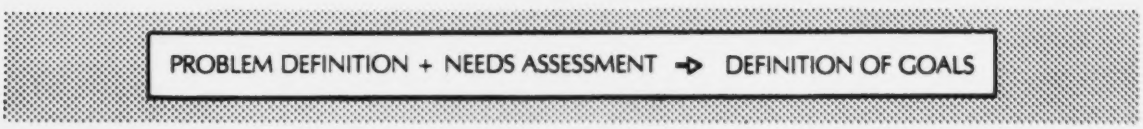
   - Confidentiality
   - Mandated and permitted student records
   - Process for search and seizure within the context of student due process
   - Use of suspension and expulsion in cases of substance use or possession
   - Parent contacts
   - Police relationships
   - Medical emergency provisions
   - Community agency, referral and aftercare

STEP 3

Deciding on Goals

By combining the findings of problem definition and needs assessment, a district can generate goal statements which address the "gaps" between the defined problem and the services and policy which a school provides. Curricula, programs and policies will be most effective when based upon goals generated from problem definition and needs assessment. A reasoned definition of the problem and an honest and thorough assessment of needs will lead to the best selection for the district.

ILLUSTRATION A



For example, after surveying substance use, a school district may finds a pattern of usage between the seventh and ninth

grades. Curriculum oriented prevention efforts should, therefore, begin prior to the initiation of use with emphasis on refusal skills.

High schools throughout New Jersey have been refining policies and procedures and developing intervention programs based on the amount of use at that level found by the Division of Criminal Justice's 1984 report (see Appendix 1).

STEP 4

Developing Action Plans

Action plans are the first step in converting goals into an actual project involving people and resources. While goals express fairly general conditions, action plans are based upon more specific and measurable outcomes.

The development of an action plan should be a collaborative process. Pivotal to the success of a comprehensive substance abuse project are central office and school administrative staff who can provide necessary leadership in developing and implementing school action plans. It is also important to engage community support in the effort. This can be forged by forming a local committee of significant school and community representatives. Commitment to a long-term planned change effort is vital for committee membership. Such a committee might include in its membership: local school board members; administrator(s); teachers; parents; nurses; students; law enforcement agents and representatives of local drug or alcohol agencies.

These persons can be a part of the overall planning process if consensus on the committee's perspective can be reached. Often times, the committee planning group can benefit from a group facilitator who understands the "perspectives" of the committee members and who can assist the group in developing a plan sensitive to varying perspectives. The committee should consider developing a fund raising plan. Community task forces have been of great assistance to school districts in supplementing their program resources.

Action plans begin with the formulation of objectives, each of which contributes to the realization of the more general goal. Each objective should be stated in specific and measurable terms. Taken together, the objectives make up the ultimate goals of the substance abuse project. The action plan outlines in detail the tasks and activities needed to accomplish each objective. (Writing objectives is discussed in Appendix 9 under outcome evaluation.) After each task has been specified, the

person(s) responsible for accomplishing the activity should be assigned and the date for completion noted. Finally, the resources estimated to do the task/activity should be listed. If, for example, training will be required to achieve an objective it should be included in the plan. Finally, potential problems or concerns may be noted by each task.

Appendix 2 includes several forms to assist in the development of an action plan. Other resources available to school districts for achieving the objectives of the action plan are provided through the department's Regional Curriculum Service Unit (RCSUs), the Department of Health and other agencies listed in the appendices.

STEP 5

Determining if Plans are Working

For the practitioner, planner or school administrator, the most meaningful information provided by the evaluation of a substance abuse project is whether or not substance abuse is being reduced. There is, however, other potentially valuable information that can be drawn from evaluation. An evaluation can provide answers to questions such as: What more must be done? Should different strategies be attempted? Is more staff training necessary? Are students any better off as a result of school efforts? How can existing strategies be strengthened?

Program evaluation, while subject to abuses and misunderstanding, can be the "internal guidance system" of program improvement. If seen as integral to the planning and development process, evaluation aids in the efficient use of resources and concentration of effort. It helps to identify when activities are going astray.

Because program evaluation is an essential component in the process of implementation, Chapter 5 is devoted to the subject.

CURRICULA AND PROGRAMS CHAPTER 3

This chapter identifies content areas of curricula and programs related to alcohol and drug use. Curricula designates particular courses of study with defined scope, sequence and age level appropriateness. Successful installation of new curricula require adequate teacher training. All curricula are used best when given with a strong teacher training component. The term Programs signifies a coordinated group of activities designed to decrease substance use and abuse, offered within a school setting or may be accessed through community agencies. Programs function best when they are implemented by well-trained school personnel and/or outside professionals.

Curricula and programs can be related to three types of services provided in the area of substance abuse.

Prevention services provide information and skills to students before they abuse drugs or alcohol. Most curricula fit into this type of service. Intervention services deal with identifying and providing services for students who are at risk for developing abusive patterns of use, and identifying students in need of treatment services as early in their problematic usage as possible. Treatment services focus upon the population of students identified as substance abusers. Prolonged professional care is basic to treatment services.

Schools should concentrate on prevention and intervention services while community agencies must assist with some intervention and all treatment services.

Prevention

Prevention services aim to prevent substance abuse by fostering human development and behavioral health by involving students in a variety of learning processes and activities. Prevention efforts are essentially proactive and positive. They nurture physically, psychologically and socially healthy behavior patterns. Prevention curricula and programs teach and reinforce the skills necessary for individuals to live optimally healthy lives and to avoid substance abuse.

Prevention curricula and programs may include the following components:

1. Knowledge Base or information about chemical substances and how they interact with the human body and mind. This knowledge base also contains information regarding the concept of "health" as not simply the absence of pathology, but rather a style of life which students must work to achieve and maintain.

2. Decision-making, or skill development enable the student to identify what is important to achieve personal priorities. The process of rational decision-making serves to reduce the influence of peer pressure to use drugs and alcohol.

3. Self-Image or activities that promote a sense of personal identity. This is a critical developmental task for youth since a poor self-concept is associated with many dysfunctional behaviors, including the abuse of alcohol and drugs.

4. Coping skills which permit the student to manage stress constructively, without resorting to artificial aids such as drugs and alcohol. A repertoire of coping skills eases the sometimes turbulent passage from youth to adulthood. Coping skills include tension reduction activities, avocational pursuits, time management strategies, and personal and career planning.

5. Attitudes and Values which influence a student's decisions about a choice of behavior. Well thought out, evaluated and sincerely held "pro-health" values and attitudes reduce the tendency for abuse of alcohol and drugs.

6. Interpersonal Skills to enable a student to converse and interact comfortably with peers and adults. Skills such as identifying one's feelings, disclosing needs to others, and generally communicating effectively will lessen the motivation to change one's state of consciousness by using drugs and alcohol.

7. Alternative Activities which present pleasurable behavioral options preferable to using chemical substances. Examples include athletics, dancing, community involvement, hobby groups and other recreational opportunities.

8. Group Skills which are critical for the prevention of dysfunctional behavior and the fostering of positive development. If students can understand the dynamics of the groups in which they interact and how to participate individually and collectively, there is less chance of their being influenced by the negative aspects of group behavior. Training in "refusal skills" is an important component of group skill acquisition.

9. School Climate which is as important as student knowledge and skills. School's themselves must develop a healthy climate. An orderly school environment, an emphasis on academics, expectations for success, and respect for students and all school personnel can contribute to an environment which discourages drug and alcohol abuse.

Intervention

Intervention services are directed at students with early substance use or other behavior problems. After recognition, assessment of the extent and reasons for the problem(s) will inform those assisting the student. Intervention efforts are essentially reactive and involve remediating problems that might otherwise lead to more destructive behavior.

Often intervention services result from a student talking with or being noticed by a friend, family member, or school person. The examples below briefly describe types of intervention efforts which can be provided by the school or community agencies. Some of these strategies can be delivered through the school's curriculum, while most are provided by an organized program within the school or community.

If regular use or abuse of alcohol or other drugs has already been documented, the intervention strategy chosen should include service by a professional with specific training in the addictions field. Professionals without such training frequently underestimate or misunderstand the addictive disease process as it develops in adolescence. (See Appendix 4 for additional intervention resources.)

1. Assessment/Diagnosis/Referral is called for when substance use or other related problems are indicated or suspected. It is crucial to observe, evaluate and describe all student problem(s) as clearly, accurately and objectively as possible. Assessment results form the basis of student referral to additional intervention or treatment services, which are warranted by the severity of the problem(s).

2. Crisis Intervention assists the student at a time of immediate, critical stress by offering empathy, non-judgmental acceptance, and other counseling sources. Crisis intervention provides a supportive environment which may reverse an already existing or potential tendency toward substance abuse.

3. Peer Counseling/Peer Group Process trains students in basic counseling skills to enable them to help other students in need. Peer counselors can be highly effective in an intervention program due to the relative ease with which they can win trust and provide empathy -- two extremely important yet difficult components to obtain in successful counseling provided by school staff.

4. Individual Counseling consists of professional guidance and assistance to an individual in dealing with stressful situations and conflicted feelings. One-to-one counseling generally focuses on psychological or behavioral difficulties that might otherwise lead to substance abuse.

5. Family Counseling recognizes that family dynamics can contribute to or prevent substance abuse. Working with other family members as well as with the student is often effective in producing positive change, especially when family dynamics seem to contribute to the use of drugs and alcohol.

6. Group Counseling is an alternative or adjunct to individual counseling that provides certain benefits. Interpersonal behaviors can be demonstrated and explored, and support and feedback from other members of the group can be utilized. The counseling professional can serve more individuals within a limited time period.

7. Student Assistance provides designated school staff or an outside consultant to assess the behavior of students with suspected or confirmed substance abuse problems. The assessment may take the form of assembling reports from school staff who interact with the student, interviewing the student, contacting the parents, reviewing the student's records, or a combination of these strategies. A referral to community resources for further diagnosis and treatment is frequently the outcome of the assessment process. First level counseling and aftercare support are also aspects of well-run student assistance programs.

8. Alternative School Environments are effective intervention strategies for those students who may require a setting other than the standard classroom situation. An alternative school environment may be structured differently and have greater behavioral and affective emphasis, while meeting the student's academic and vocational needs.

Treatment

Treatment services are directed to students who are recognized drug and/or alcohol abusers. Such services can restore health through a variety of medical or psychological measures. Treatment services are either inpatient, residential (hospital, therapeutic community); or outpatient, non-residential. Counseling, psychotherapy, chemical maintenance and other services may be available within either setting. The treatment setting and methods used should be determined on the basis of a comprehensive assessment and diagnosis of the individual's problems and needs.

Treatment services are generally prolonged, intensive and provided by medical or psychological professionals. Schools do not provide treatment services, but should be able to refer a student to community agencies such as hospitals, clinics or residential programs. Below are examples of the types of treatment services that community agencies might provide.

1. Individual Counseling/Therapy, like intervention counseling, assists the student in dealing with stressful situations and conflicted feelings. One-to-one counseling or therapy in a treatment setting is designed to bring about changes in destructive psychological or behavioral patterns and to reduce or eliminate drug and alcohol use.

2. Family Counseling/Therapy involves the student and family members in developing supportive relationships

that will encourage reduction or elimination of substance abuse. An addicted member of a family, whether it be an adolescent or parent, affects the functioning of the whole family. Many treatment specialists believe the family must be seen in therapy as a unit for a successful outcome to be achieved.

3. Group Counseling/Therapy, as in intervention, is an alternative or adjunct to individual counseling. In the intensive setting of a treatment facility, group counseling or therapy seeks to bring about changes in personal or interpersonal behavioral or psychological patterns that contribute to a student's abuse of drugs and alcohol.

Note: Counseling/therapeutic services, whether individual, family or group, are often provided in private practice settings by psychiatrists, psychologists, clinical social workers, family therapists, or certified addictions counselors.

4. Residential Programs require the client to live at the treatment center. Various types of services can be provided such as individual and group counseling, detoxification and vocational guidance. Residential settings also serve to remove the student from family or other environmental influences that may contribute to substance abuse.

5. Hospitalization for the treatment of drug and alcohol abuse may include services such as medically supervised detoxification from substances, care for illnesses associated with the abuse of substances, and a variety of counseling and therapeutic opportunities.

6. Out-patient Programs do not require residential status for providing treatment. Medical treatment (e.g., methadone, psychiatric services) as well as various counseling or therapy methods may be provided through these programs.

7. Self-Help Groups are established to focus upon a common, single problem experienced by those participating in the group. Examples include AA (Alcoholics Anonymous), and NA (Narcotics Anonymous).

8. Aftercare Groups for adolescents returning to the school environment from treatment provide support to maintain a drug free life-style and to continue the personal growth necessary for sustained recovery.

The Continuum of Services

Schools can implement curricula and programs to provide a continuum of services. The prevention, intervention and treatment services can be arranged in a degree that parallels the level of student involvement in drug/alcohol abuse. For example, as the Figure 4 below indicates, school services can be limited for practical and economic reasons to prevention and some intervention efforts.

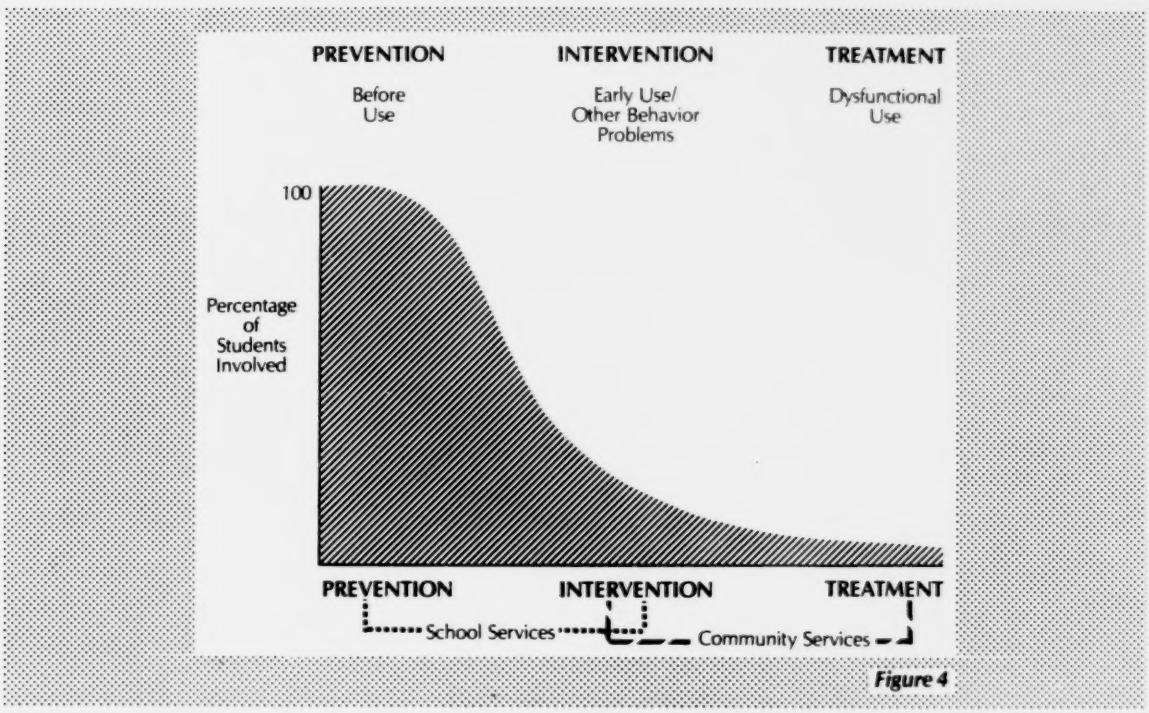


Figure 4

The school provides prevention measures through substance abuse curriculum and school prevention programs. Intervention services are provided by the school and/or community agencies. Treatment services, however, lie beyond the scope of services provided in school. Due to their intensive, prolonged nature and the required involvement of medical and therapeutic professionals, treatment services must be furnished by outside agencies and available to the school through a referral system.

The distinction between curricula, school programs and community programs along with continuum of prevention, intervention and prevention services is illustrated in Figure 5.

	CURRICULA				SCHOOL PROGRAMS			COMMUNITY PROGRAMS		
	HEALTH/ PHYSICAL SCIENCES	SOCIAL SCIENCES	FAMILY LIFE/ HOME ECONOMICS	PHYSICAL AND DRIVERS EDUCATION	SCHOOL COUNSELING	CHILD STUDY TEAM	OTHER SCHOOL	MEDICAL SERVICES	TREATMENT AGENCIES/ PRACTITIONERS	OTHER COMMUNITY SERVICES
PREVENTION	• Knowledge of Drugs and Alcohol • Biological Effects • Positive Health Decision-making	• Social Attitudes and Values • Self Image • Group Skills • Legal Consequences	• Decision-making • Coping Skills • Interpersonal Skills • Self Image • Child Development • Family Relations	• Alternative Activities • Alcohol/Drugs and Driving • Legal Consequences			• Nurse as Educator • Peer Leadership • School Climate		• Guest Speakers	• Recreational Facilities • Advocacy Groups
INTERVENTION					• Individual and Group Counseling • Crisis Intervention • Disciplinary Referrals • Assessment	• Assessment • Counseling • Referral	• Peer Counseling • Nurse s Assessment • Student Assistance Programs • Alternative Schools	• Assessment	• Assessment • Individual, Family and Group Counseling • Peer Counseling Trainers	• Telephone "Hotlines" • Alternative Schools • Recreation
TREATMENT					• Individual, Family and Group Counseling Referrals	• Individual, Family and Group Counseling Referrals		• Hospital Drug and/or Alcohol Programs • Detoxification Programs	• Individual, Family and Group Therapy • Residential Programs	• Self-Help Groups

Figure 5

Using Figure 5, a school district may assess where it stands in relation to the continuum of services. For example, a school can check to see how well it includes a complete curriculum within its instructional activities. Also, schools may notice a limited supply of trained school personnel or outside contacts with persons competent to assess/diagnose student substance abuse. Finally, a school can determine how thoroughly it utilizes community programs for treatment. A blank version of the matrix is included in Appendix 5 to assist in the district's assessment.

Not all of the measures suggested by Figure 5 have to be created anew by school districts. Some existing curriculum, programs and staff have a potential role to play in reducing student substance abuse.

Useful Curricula, Programs and Agencies

When a school district determines that it must do more to address the problem of substance abuse, it will begin to search for appropriate curricula or programs. Several examples of prevention, intervention and multifaceted curricula and programs are listed in Appendices 3, 4, 5. Resources for contacting community agencies are also included.

The appendices should not be considered exhaustive, nor should inclusion of a particular program or curriculum be considered an endorsement of its effectiveness. Rather, this resource list is a starting point. A district cannot avoid scrutinizing every program or curriculum it intends to use. Programs and curricula in the appendices were selected from among those already functioning in New Jersey school districts or from those validated for inclusion in the National Diffusion Network (NDN).

In addition to curricula/program resources, Appendix 4 lists the New Jersey Department of Health's Division of Alcoholism and Division of Narcotics and Drug Abuse Control. These offices can provide referral to numerous resources not listed in this publication. Other sources of referral information are listed in Appendices 4 and 6.

Selecting Curricula and Programs

Below are some questions useful in the selection of curriculum and programs.

1. Can the curriculum or program objectives be conveniently integrated into existing classroom curricula?

    - Drug and alcohol curriculum or program objectives become most effective when integrated into other content areas (e.g., Health, Social Sciences, Physical Sciences).

2. Can training be arranged for staff charged with implementation of the curriculum or program?

- Without competently trained staff, drug and alcohol curricula and programs will be poorly implemented.

3. What is the comfort level of the curriculum committee, administration and teaching staff with the objectives and materials of the curriculum or program?

   - If discomfort is high, more attention will have to be given to developing acceptance through training and follow-up technical assistance.

4. Does the curriculum or program emphasize both biological effects of chemicals on the body system and the phenomenon of chemical dependency in society?

   - How psychoactive substances work on the body as well as societal issues should be included (e.g. family impact, social norms, media presentation).

5. Does the curriculum or program include important psychosocial components relevant to the student's choice to use or not use drugs or alcohol?

   - Inclusion of topics such as decision-making, self image, coping skills, attitudes and values, and interpersonal skills create a more comprehensive approach.

6. Is the curriculum or program sensitive to developmental and cultural differences among the school population?

   - Effective curricula include scope, sequence and age level appropriateness, gear tasks/activities specifically to developmentally or culturally distinctive populations.

7. Does the curriculum or program provide a method/instrument for evaluation?

   - The degree of proper implementation and achievement of short- and long-term changes in student behavior should be evaluated. An already available instrument, preferably valid and reliable, will save time and energy.

8. Is there evidence of the curriculum or program's cost effectiveness?

   - Determining costs such as initial outlay, updating of materials, audiovisual equipment, time and energy of staff required and availability of community resources must be considered in choosing among options.

9. Are the philosophy, objectives and activities of the curriculum or program in harmony with community/school goals regarding substances?

10. Do grade level objectives regarding drug and alcohol education correspond to priorities established by school and community?

Selecting Cummunity Programs or Agencies

The following considerations may guide the selection of programs and community agencies for either intervention or treatment purposes:

1. What is the population served?

   - Many programs/agencies limit themselves to serve particular geographic areas, age ranges and types of problems.

2. What services are offered?

   - Some focus upon prevention or intervention or treatment while others provide multifaceted services. Resources may include curriculum, in-service training, assessment/diagnosis, short or long-term counseling, residential or out-patient treatment, and self-help groups.

3. What philosophy does agency/program have?

   - Each community agency/program has its own perspective on dealing with drug and alcohol problems. Even within a single agency/program, various perspectives may exist among staff members. By asking for a description of the particular perspectives and therap-utic methods available from a community agency/program, the school district will better understand the services available.

4. What training or credentials do the staff present?

   - Agencies vary greatly on the education and experience of the staff. Schools should ask for written documentation of the experience and training of agency staff.

5. How are services administered?

   - Available hours, cost, who pays, confidentiality restrictions and jurisdictional problems may determine the feasibility of referral to a particular program/agency. (More discussion of this concern is included in the section, "Policies Regarding Non-School Agencies," below.)

Staffing Substance Abuse Curricula and Programs

Central to the success of a district's drug and alcohol project is the choice and training of staff involved with various curricula and programs. To guide the selection and training of staff, a school might ask if the staff member is:

1. Able to work cooperatively with both administrators and teachers?

2. Knowledgeable of the cognitive and affective dimensions of effective substance abuse programs and curricula and able to employ effective strategies in each domain when working with students?

3. Knowledgeable about the capabilities of other school professionals (e.g., child study team members)?

4. Knowledgeable about outside community agency services?

5. Trained in substance abuse issues (e.g., certified as drug or alcohol counselor)?

Staff who possess all of the above qualities are indeed very rare and also very valuable to the success of a school drug and alcohol project. Typically, however, available staff will not have all of these attributes; staff training will be essential.

Staff training should be designed to reflect the nature and degree of the staff member's involvement in the substance abuse project. It should seek to develop and clarify the specific knowledge, skills and values required by each person's role. Training activities may need to:

1. Develop a knowledge and use of cognitive and affective dimensions in substance abuse projects.

2. Clarify and promote appreciation of differing staff attitudes and values about drugs and alcohol abuse.

3. Develop a working knowledge of the process required to implement a successful program or curriculum.

4. Develop a knowledge about the role that staff throughout the school will play in relation to the substance abuse project.

5. Develop specific skills and knowledge required by the curriculum's or program's implementation.

6. Make staff knowledgeable about the services provided by outside agencies.

7. Make staff aware of legal and policy issues such as confidentiality, record keeping, search and seizure, student rights, relationships with law enforcement agencies. (A more detailed discussion of legal and policy issues is included in Chapter 4 below.)

New Jersey has several sources from which staff training is available:

1. The Drug and Alcohol Education Project provides staff in-service through the Department of Education's three Regional Curriculum Services Units (RCSUs). This project is funded by the New Jersey Department of Health and is run in cooperation with the New Jersey Education Association.

2. The New Jersey Department of Health trains persons working in the drug and alcohol field through a variety of courses.

3. State colleges and other agencies (e.g., Rutgers Center of Alcohol Studies) provide training.

Names, phone numbers and addresses for these training resources are included in Appendix 5.

Finally, staff training might be supplemented by handbooks on drug and alcohol issues. Districts or individual schools may wish to provide their staff and/or students with an outline of policies, procedures and resources regarding this topic. Alcohol and drug information might also be addressed within the broader context of other school codes of conduct. The content for such a resource might include:

- policies on drug and alcohol issues passed by the local school board
- procedures to follow in specific cases of drug and alcohol involvement
- curriculum useful for education in drug and alcohol

- intervention strategies and resources available in the school, district or community
- information contacts
- school and/or agency contacts for assessment/diagnosis of a student suspected of substance abuse
- a "checklist" of behavior which might be associated with substance use or abuse. (A sample checklist may be found in Appendix 7.)

Some New Jersey school districts have decided to hire a full-time chemical health "coordinator," a central office person, to be responsible for planning and implementing comprehensive drug and alcohol school services. By having an informed and well-trained "coordinator," districts are able to assess their curriculum from a K-12 perspective, to assist principals and staff in determining intervention and treatment needs and to access services which are available within district. (Appendix 4 lists two districts currently using a full-time coordinator.)

Those districts which may not afford or need a full-time central office coordinator can use staff already employed in other capacities to coordinate drug and alcohol services. Time and resources (e.g., clerical support, supplies, phone, office space) should be provided.

The question of certification of staff employed as a full-time "chemical health coordinator" remains unclear because, as this manual goes to press, there is no educational certificate issued by the State Board of Examiners for this job title. Generally, however, five existing certificates with endorsements may be appropriate, depending on the position's specific job description:

1. Instructional Certificate with Teacher of Health Education endorsement
2. Instructional Certificate with Teacher of Health and Physical Education endorsement
3. Educational Services Certificate with Student Personnel Services endorsement
4. Educational Services Certificate with School Social Worker endorsement
5. Educational Services Certificate with School Psychologist endorsement

School districts should work with county offices of education to identify the appropriate certificate based upon the job description. The Student Personnel Services endorsement is particularly relevant since it authorizes the person to perform services such as study and assessment of individual pupils, counseling with teachers, counseling with students and parents, and developing cooperative relationships with community agencies in assisting children and families.

Nothing should be inferred to prevent existing appropriately certificated staff from functioning in the capacity of "chemical health coordinator," if such staff have or are willing to obtain expertise in the area of substance abuse.

Districts, however, are frequently confronted with situations in which applicants possess knowledge and experience regarding drug and alcohol abuse but appear not to be immediately eligible for an educational certificate. In these cases, applicants interested in pursuing certification should seek evaluation of their transcripts to determine their eligibility for certification. Information and transcript review is available from:

The Office of Teacher Certification and Academic Credentials
3535 Quakerbridge Road - CN 503
Trenton, New Jersey 08625
(609) 292-8276

If the candidate meets the appropriate certification requirements, districts may hire the person under the appropriate certification and endorsement. If a candidate is not immediately eligible, districts should contact their county offices of education for further guidance.

Budget Issues

In implementing new or improving existing curricula and programs, school administrators frequently face the problem of limited financial resources. Actual cost will depend upon the extent and nature of services provided. Examples of low, moderate and high cost strategies are cited below:

Low Cost Strategies:	Reference:
• Develop a resource list of local community agencies and programs	Appendix 4
• Make professional contacts with community professionals available to do diagnosis, assessment, treatment	Appendix 4

Low Cost Strategies:	Reference:
• Establish a SCOP (Statewide Community Organization Program) Team	Appendix 4
• Conduct in-service on the topic of substance use and abuse (e.g., train staff in role-play of decision-making/refusal skills)	Appendix 5
• Revise drug and alcohol-related policies and procedures	See Chapter 4
• Coordinate efforts of in-school services in substance abuse cases (i.e., nurse, teacher, child study team)	See Chapter 3
• Train key staff through the Drug and Alcohol Education Project sponsored in the RCSUs	Appendices 2 and 5
• Make some curriculum revision (e.g., addition of life skills to curriculum which is information-based)	See Chapter 3
• Contract with an agency to provide in-classroom decision-making, role-playing or other group skill exercises	Appendices 4 and 5
• Hire part-time Student Assistance counselor to assess and refer substance using students	Appendix 4
• Complete thorough problem definition and needs assessment to determine full array of services which need to be provided by the school	See Chapter 2
• Contract with an outside agency to provide in-school services (e.g., crisis intervention, training)	Appendices 4 and 5
• Provide additional staff training to those working in this area	Appendix 4
• Compile a school/district handbook on this topic	See Chapter 3
High Cost Strategies:	
• Revise curriculum thoroughly (adoption of new curriculum such as "Here's Looking at You, Two" or "CASPAR" with staff training)	See Chapter 3

High Cost Strategies:	Reference:
• Hire a full-time "chemical health" coordinator	
• Develop an alternative school environment for problematic students	Appendix 4

Funding Sources

Increased attention to the issues of drug/alcohol use and abuse has increased the availability of low cost resources and funding. Several sources of funding and resources can be combined by the school district to provide for the Prevention-Intervention-Treatment continuum of services.

Local Funds

School districts must consider first their own budgets to determine what they can purchase. Also, staff training funds can be used for in-service opportunities. Other areas to consider include:

Alcohol Enforcement, Rehabilitation and Enforcement Fund (N.J.S.A. 54:32C-3.4)

Passage of this New Jersey legislation imposes a tax on alcohol to be used, in part, for alcohol education. Monies will be available through county alcoholism coordinators listed in Appendix 5. Contact your county's alcoholism coordinator to learn how to apply for funding.

Special Education

A student using drugs or alcohol whose educational performance has been adversely affected may be referred to the local child study team for determination of eligibility for special education and/or related services. If a student is determined to have an educationally handicapping condition, he/she shall be placed in a special education program and/or related services consistent with N.J.S.A. 18A:7A-20 and N.J.A.C. 6:28-1 et. seq.

Refer to Appendix 8 or "Special Education Policy" for further discussion.

Department of Health

The Division of Narcotics and Drug Abuse and the Division of Alcoholism of the Department of Health offer training at a

subsidized cost to persons working in the areas of alcohol or drugs. Also, program resources may be applied for through these divisions. Finally, free publication materials may be obtained through these divisions, the RCSUs or the Drug Abuse Communication Network Clearinghouse (DRACON) centers listed in Appendix 5.

Department of Education

Each RCSU has one full-time drug and alcohol resource person to give information to districts about substance abuse projects, and to provide the statewide in-service for school staff in cooperation with the Department of Health and New Jersey Education Association (Appendix 5).

Medicaid/Medicare

Until December 1985, Medicaid covers treatment for those with a primary diagnosis of alcoholism. A five-day detoxification program (repeated when necessary), 30 days rehabilitation and 45 out-patient visits are covered each year. Medicaid serves those below the poverty level, those eligible for aid for families with dependent children (AFDC) and those disabled.

Medicare will offer the same coverage as Medicaid until December 1985 for senior citizens and those chronically disabled.

Proposed legislation (A-160) has been passed which will extend Medicaid payments in the state for alcoholism treatment. Contact the Division on Alcoholism, New Jersey Department of Health for more information.

Family Insurance/Third Party Payments

Over half of the payment for residential or out-patient alcoholism or drug abuse treatment comes from family insurance. New Jersey requires that health insurance policies written in this state include payment for alcoholism treatment. Since most students with a substance abuse problem are poly-substance users, that is, they abuse drugs and alcohol, treatment costs are often covered by family insurance.

The student's family should be contacted to determine their family insurance status.

Public Welfare

Often, persons who are not eligible for Medicaid can obtain drug and alcohol services through public welfare. Contact the municipal public welfare office for information.

Other Funds

Those programs licensed and certified by the Division of Alcoholism must provide 5-10% of their services for indigent care. Therefore, some free treatment services may be available to a school district. Contact the Department of Health, Division of Alcoholism for more information.

Also, community organizations, foundations and businesses will often match funds for projects they deem worthwhile. Contact should be made with such groups when a school district determines a worthwhile project but has inadequate funding to support it.

Finally, self-help groups offer a readily accessible and free resources for school districts to use. A list of self-help and other constituency groups can be found in Appendix 6.

POLICIES AND PROCEDURES CHAPTER 4

This chapter focuses upon the development of school policies regarding student substance abuse and upon the state and federal laws which define the parameters for such policies. The information presented here and in Appendix 7 provides several resources to assist school districts in developing appropriate policies.

Policies for school-centered substance use problems should achieve a balance between assisting the individual student and protecting the school as a whole. Policy protects the rights of students and sets limits on their behavior. Disciplinary consequences for student substance abuse must be defined to safeguard the learning environment for all students.

School authorities should be in contact with local law enforcement officials, family members, and assessment and treatment agencies to develop appropriate procedures to handle and refer students with substance problems. Chapter 2 suggested forming a local committee to address policy development and other concerns as a means of linking with the community. Cooperative, coordinated approaches provide the best solutions.

The best time to decide on policy is before a problem demands attention. Drug and alcohol policies should be compatible with the general school policies governing the total range of student behavior.

The school is in a position to observe and evaluate deviant behavior, especially a marked change from previously known student behavior. Due to the complexity of substance use and abuse, no easy answers can be provided. State statues allows policy to be flexible in some areas but not others. For example, N.J.S.A. 18A:35-4a specifies that each board of education shall adopt policy and procedures for a student showing symptoms of intoxication with alcohol. The statute allows some flexibility. However, N.J.S.A. 18A:40-4.1 describes a very specific process which shall be taken when a pupil is thought to be under the influence of a "controlled dangerous substance" or "chemical or chemical compound which releases vapor or fumes." Flexibility is limited in this statute.

The development of policies on student substance use is a complex task. Administrators need to remain sensitive and continually aware that the future of a student may well be determined by their decisions. Such decisions therefore, should not be made under stress, and without balanced consideration of the administrator's responsibility under the "in loco parentis" doctrine as well as the responsibility to protect the health and welfare of the entire student population. Each school district should have locally approved policies on how function in a variety of situations involving substance use and abuse, law enforcement, as well as prevention, intervention and treatment.

Drug and Alcohol Laws Affecting New Jersey Schools

Since New Jersey school policies on alcohol and drugs must conform to state statutes, synopses of relevant state laws are offered below. The complete text of these and other laws may be found in Appendix 7.

The statements below should not be used as legal interpretation; rather they are presented to orient policy developers.

Most of these laws fall into one of four categories: (1) curriculum/programs, (2) diagnosis/treatment, (3) punishment, and (4) liability.

Curriculum/Programs

N.J.S.A. 18A:4-28.7	Drug education unit incorporated into curriculum. Refers to incorporating drug education into school districts' health curriculum.

N.J.S.A. 18A:4-28.13 — Consumption of alcoholic beverages by school pupils; study; comprehensive plan for effective instructional programs and handling of pupils. Pertains to the Department of Education's task to plan:

1. effective instructional programs on alcohol education, and,

2. effective programs for dealing with students with alcohol problems.

N.J.S.A. 18A:35-4 — Course in nature and effect of alcoholic drinks and narcotics. Requires that curriculum be taught on the nature and effect of alcoholic drinks and narcotics in all schools supported wholly or in part by public monies.

Diagnosis/Treatment

N.J.S.A. 18A:35-4a — Evaluation and treatment of pupils involved with possession or consumption of alcoholic beverages. Specifies that each board of education adopt and implement policies and procedures regarding students possessing or consuming alcoholic beverages on school property or at school functions.

N.J.S.A. 18A:40-4.1 — Pupil under influence of narcotic drug, report, examination, suspension. Describes the process to be taken by school educational personnel when a pupil is thought to be under the influence of a controlled dangerous substance.

Punishment

N.J.S.A. 2C:33-15 — Possession or consumption of alcoholic beverages in public place or motor vehicle by person under legal age. Defines a disorderly person as one under legal age who purchases, possesses or consumes any alcoholic beverage in schools and other locations.

N.J.S.A. 18A:37-2 — Causes for suspension or expulsion of pupils. Points to pupils who possess, consume or are under the influence of alcoholic beverages or controlled dangerous substances on school premises as liable to punishment and to suspension or expulsion from school.

Liability

N.J.S.A. 18A:40-4.2 — No legal action against teacher. States that no legal action can be taken against staff involved in enforcing 18A:40-4.1, providing the skill and care given is that ordinarily required and exercised by other such staff.

N.J.S.A. 2A:62A-3 — Treatment by medical personnel for dependency upon or illegal use of controlled dangerous substances or use of intoxicating vapor releasing chemical; immunity from liability. States that medical personnel are not civilly liable when treating a person for substance dependency.

N.J.S.A. 2A:62A-4 — Reports by educational personnel on dependency upon or illegal use of controlled dangerous substances or use of intoxicating vapor releasing chemical; immunity from liability. Defines educational personnel not civilly liable when they report to the principal or school medical personnel about a person abusing drugs.

Schools should check their current policies and procedures to see if they conform to legislative requirements.

Confidentiality

The issue of confidentiality poses several significant problems for developing school policy. One problem is to determine when confidentiality applies. Rule 26A-1 in the New Jersey Rules of Evidence provides that the communication between a licensed practicing psychologist and an individual or group is priviledged. The individual or group member has a privilege to refuse to disclose any such communication and to prevent the psychologist from disclosing it. No similar provision is provided for teachers or other school staff. Teachers and other school staff may be required to give information about a student, if they are subpoenaed.

This may pose a particular problem for the school counselor since confidentiality is central to the counseling relationship. The "Principles of Confidentiality" (reaffirmed 1980) from the American School Counselor Association states:

> A counseling relationship requires an atmosphere of trust and confidence between the client and the counselor. A client has the right to privacy and to expect confidentiality. This confidentiality must

> not be abridged by the counselor except where there is a clear and present danger to the client and to other persons (emphasis added).

Defining what constitutes "clear and present danger" in the school's policy, and balancing the concerns for the individual student and the school community must be kept in mind.

New Jersey statute (N.J.S.A. 18A:40-4.1) requires that educational personnel report a pupil whom they perceive to be under the influence of a controlled dangerous substance. Some local school districts, as part of their response to N.J.S.A. 18A:35-4a, mandate a similar reporting requirement when a student is thought to have consumed any alcoholic beverage. In these cases some behavioral display must be observed and Appendix 8 provides a sample behavior checklist.

Between a "subpoenaed" staff member and observed behavioral evidence lies a grey area which school policy should address. For example, what policy is applicable when a student confides information to a school staff member about drug or alcohol use or abuse? Confidentiality can help student and teacher establish trust and open up communication. However, under certain circumstances it may be necessary to transgress this confidentiality. Breaking the trust will, most likely, stifle further communication when it is most needed by the student.

School policy must consider whether reporting a student's verbal comments is the best way to deal with the student. Schools may wish to place any student who reports using drugs or alcohol into an intervention program to provide an early opportunity for help and less opportunity to influence the learning environment negatively.

Policy statements regarding confidentiality should specify that teachers and other school staff may be required to give information about a student, if they are subpeonaed. They must also report students thought to be under the influence of a controlled dangerous substance. Both students and school staff must be made aware of these two provisions. For other situations, policy should be developed which balances the desire to help a student who confides in a trusted staff member and the concern to safeguard the learning environment for all students.

Keeping Records

Currently, New Jersey administrative code (N.J.A.C. 6:3-2) specifies two types of information in a pupil's files: mandated and permitted records. Mandated records include such things as

personal data, daily attendance, pupil progress, physical health and other information required by the State Board of Education. Permitted records include those data authorized by the district board of education at a public meeting with the purpose of promoting the educational welfare of the student.

Since mandated records require information about a student's physical health, the report pertaining to a student under the influence of a controlled dangerous substance, required in N.J.S.A. 18A:40-4.1, and the report certifying that the student is physically and mentally able to return to school would be mandated records.

When authorizing permitted records, the district Board of Education should consider which records related to a student's drug and/or alcohol involvement to have included. Consideration should be given to whether or not retention of this information in the permitted records for educational staff and parents/guardians to view will promote the student's educational welfare. (The right to view a student's records is limited by the Family Educational Rights and Privacy Act or "Buckley Amendment" passed by Congress in 1978.)

If incidents of substance use or other behavior patterns are recorded in the permitted files, care should be taken in the wording of such records. Notation can be made of any constructive action taken for the student. The district should consider each type of inclusion to in the student's permanent record. Information in the permitted records on the student's substance use should not be forwarded to anyone not directly working with the student on substance related issues. Documents on substance related incidents may be destroyed only after the information no longer provides educational/rehabilitative service to the student (see N.J.A.C. 6:3-2.8).

Due Process, Search and Seizure

Schools should develop and maintain an on-going relationship with the local police. Such communication can keep school authorities informed of students who have been apprehended in activities both unrelated to the school and associated with school activities. If school authorities are suspicious about such involvement, they may wish to consult with the police on possible legal action. School and/or police officials may wish to conduct an investigation to discover the facts of a suspicious situation.

Due Process

If drugs are being sold on school property, immediate action should be taken to inform and work with police officials in apprehending the person(s) responsible. Immediate steps should be taken to confiscate the drugs. Any actions by either the school and police personnel must protect the legal rights of the suspected individual(s). Due process rights should be protected in every case, and constant consultation with the local school board attorney is essential. A student's right to be considered innocent must not be hindered by school personnel.

Police can enter schools if they: have been invited by school officials; suspect a crime has been committed, or have a warrant for arrest or search. It is the duty of the police, school authorities, teachers and students to cooperate to ensure that the rights of each individual are respected. If a student is to be questioned by the police, it is the school administrator's responsibility to provide private space for interrogation. The principal or his/her representative should be present and every effort should be made to have a parent present. A student need not provide information beyond his/her name, age, address and the purpose of his/her presence at school until a parent and/or a lawyer are present. Students have the same rights in school as out of school to be informed of their legal rights and to remain silent. Also, they are to be protected by school officials from coercion and illegal constraint.

Search and Seizure

Since the presence of drugs is clearly prohibited on school property, it is important to try to locate and confiscate illegal substances. Policy for the conduct of a search in the school is essential. Searches may include a student's personal belongings or the pupil's locker.

Under the Constitution, all citizens are protected from unreasonable searches and seizures; however, this does not mean that the student is legally protected from search or seizure of any materials in his/her locker, which is school property. U.S.C.A. Const. Amend. IV - Overton v. New York, 24 N. Y. 2d 522, 249 N. E. 2d 366, 301 N. Y. S. 2d 479 (1969) adhered.

The Federal Court in 284F Supp. 725, 730, footnote 10 (1968) states that "no distinction can be drawn between the fundamental duties of educators to maintain appropriate campus discipline, or reasonable right of inspection of school property and premises - even though it may have been set aside for the exclusive use of a particular student, it is necessary to carry out that duty." Thus, inspection of student lockers and their contents appears to be a right and responsibility of school administrators, especially when there are reasonable grounds supporting such a search. The district's policy should also

limit a staff member's search of a student's personal belongings (pockets, purse, etc.). This type of search should be strictly limited. Limiting personal searches protects the legal rights of the individual. Again, working closely with the local school board attorney is advised.

A recent New Jersey case has shed further light on the issue of search and seizure. The New Jersey Supreme Court had overturned lower court decisions permitting the use of evidence obtained in a principal's search of a student's purse in prosecuting the student. The United States Supreme Court (in New Jersey v. T.L.O., decided January, 1985) agreed with the lower courts, however, and ruled in favor of the right of school officials to conduct searches and seize illegal materials within strict guidelines that offer protection to students under the Fourth Amendment. The following summarizes the rulings of the courts: The Supreme Court held that the Fourth Amendment's prohibition on unreasonable searches and seizures applies to searches conducted by public school officials and is not limited to searches carried out by law enforcement officers. Further, school officials act as representatives of the state, not merely as surrogates for the parents of students, and they cannot claim the parents' immunity from the Fourth Amendment's strictures.

> However when a school official has reasonable grounds to believe that a student possesses evidence of illegal activity or activity that would interfere with school discipline and order, the school official has the right to conduct a reasonable search for such evidence. (Slip Opinion at p. 17)

> Courts have adhered to the probable cause standard when police have participated in the search" (Slip Opinion p. 15, 16), but when police have not participated in the search, courts have generally phrased the standard in terms less stringent than probable cause.

> The courts have agreed that the high school principal is not a law enforcement officer. His job does not concern the discovery and prevention of crime. His duty as the chief administrator of high school includes a primary duty of maintaining order and discipline in the school. In carrying out this duty, he should not be held to the same probable cause standard as law enforcement officers. Although a student's right to be free from intrusion is not to be lightly disregarded, to hold school officials to the standard of probable cause required of law enforcement officials would create an unreasonable burden upon school officials. Maintaining discipline in schools often times requires immediate action and cannot await the procurement of a search warrant based on probable cause. The search of a student's person is reasonable and does not violate

> his Fourth Amendment rights if the school official has reasonable grounds to believe the search is necessary in the aid of maintaining school discipline and order. Where there is reasonable grounds for suspecting that the search will turn up evidence that the student has violated the law or the rules of the school, the search is permissible so long as the measures adopted are reasonably related to the objectives of the search and not excessively intrusive.

The New Jersey Supreme Court listed the following as factors in determining whether a school official has reasonable grounds for a search:

1. The child's age and sex.
2. The child's history and school record.
3. The prevalence and seriousness of the problem in the school to which the search was directed.
4. The exigency to make the search without delay.
5. The probative value and the reliability of the information used as a justification for the search.

In addition, the Court noted that "as the intrusiveness of the search intensifies, the standard of Fourth Amendment reasonableness' approaches probable cause." That is, the more personally confronting the search, the more that will be required to justify the search.

Suspension and Expulsion

When developing substance abuse policies, districts must consider issues surrounding retention and exclusion of students involved with substances.

Suspension is a function of the school administrator in coordination with the district board of education. Statute requires that "no suspension of a pupil shall be continued beyond the second regular meeting of the board unless continued by board action" (N.J.S.A. 18A:37-5a). Expulsion, on the other hand, is the function of the district board of education. Both measures are serious penalties that should be used in relation to incidents which "materially and substantially" interfere with maintaining school order or which necessitate protecting student's or other school member's physical or emotional safety or well-being. (N.J.S.A. 18A:37-2 lists possible causes for suspension or expulsion of students.)

Suspension should be imposed only after careful study of all relevant facts indicate that no other approach is feasible.

> "A pupil shall be referred to the basic child study team to determine if the pupil is eligible for the services described in this chapter as a prerequisite to any district board of education action on expulsion from the public schools." (N.J.A.C. 6:28-2.8(f))

As specified in N.J.A.C. 6:28-2.8(f), the child study team must review each student's case before a district board takes action on expulsion.

Removing a student from school supervision may increase his/her anti-social behavior. Suspension, as well as expulsion, should occur only after due process and should be supported by testimony records and not hearsay or supposition. Any board action to expel a student must follow procedures of a quasi-judicial proceeding with a hearing and careful examination of all available evidence. The development of district policy on suspension and expulsion should balance the concerns for supervising students who may increase their antisocial behavior and for protecting the safety and well-being of other students.

Prior to recommending suspension or exclusion, school authorities should have made repeated efforts to help the student. Parents of the student involved should be contacted as soon as possible. A student demonstrating possible emotional and psychological problems should be referred to appropriate school personnel for examination and/or counseling. If the school wants to change the undesirable student behavior, provision of necessary treatment rather than suspension or exclusion may be best.

The following significant federal and state court cases relate to student due process rights in situations of suspension or exclusion.

1. Dixon v. Alabama State Board of Education, 294 F. 150 (5the Cir. 1961) offers due process guidelines.

2. R. R. v. Board of Education of Shore Regional High School, 109 N.J. Super. 337 (Ch. Div. 1970) outlines procedural due process rights.

   - May temporarily suspend if school officials have reasonable cause to believe that a student, by virtue of activities after school hours and off school property, presents a danger to himself. A student must be afforded a preliminary hearing before a suspension. (May be informal.)

- In no case should the full due process hearing take place more than 21 days from the date of the suspension.

- Full hearing must be afforded if penalty is long term suspension or expulsion.

3. Tibbs v. Board of Education of Township of Franklin, 114 N.J. Super. 287 (App. Div. 1971), affirmed 59 N.J. 506 (1971) states students rights to confront and compel witnesses in a hearing.

4. Goss v. Lopez, 95 S. Ct. 729, 419 U.S. 565, 581 (1975) distinguishes short-term suspension and long-term suspension or expulsion rights.

Summary of short-term suspension:

- short-term represents 10 days or less
- oral or written notice of charges
- if student is a danger to person or property, he/she can be removed from school immediately
- no right to counsel

Summary of long-term suspension or expulsion:

- notification of charges against student
- names of adverse witnesses
- copies of the statements and affidavits of those adverse witnesses
- opportunity to present witnesses and evidence on own defense
- opportunity to cross-examine adverse witnesses
- opportunity to be represented by counsel

Policy for Parents, Police, and Medical Emergencies

Communication and collaboration among those involved with student substance use and abuse is essential. As schools develop their substance abuse policies, they should also develop procedures for establishing these critical relationships.

PARENTS

Good lines of communication between the school and the student's family promote fair and consistent dealings with a drug or alcohol involved student. Parents want and need to know of their child's use of substances. However, when a parent resists acknowledging a problem, there may be other family issues

involved. For example, parents themselves may be substance users/abusers, or the child may be reacting to marital tension between the parents. Often parents do not feel equipped to handle this type of problem.

When school rules are violated or a student's health is at risk, the involvement of the family is inevitable. The timing of communication between school staff and parents regarding suspected drug and alcohol abuse should be based on existing standards for parent notification and the district's policy. School staff responsible for communicating with parents should present factual, behavior or health related information, and not attempt to diagnose the student's problem. Clinical assessment and diagnosis should be left to trained chemical dependency professionals.

POLICE

Communication between school and police should be fostered. If the school and the police coordinate their efforts, their respective responsibilities will be clearly defined and more effectively met.

Often police departments have personnel specifically assigned to work with school age people, particularly in drug or alcohol cases. Linking with them may be the first step to facilitate communication between school and police.

Knowledge of the limits as well as a willingness to work together are central to this liaison. School policy makers should be familiar with the scope of the police's authority. For example, police have access to school grounds under limited circumstances. The discussion on search, seizure and due process earlier in this section provide some preliminary definition.

MEDICAL EMERGENCIES

Each school's immediate access to emergency medical treatment varies. Procedures which delineate the nature and way to access these services will provide a quick reference when needed. Before developing procedures, district's should know admitting requirements (e.g., parental consent forms, financial responsibilities) of various hospitals. Developing and disseminating these procedures prior to an emergency is crucial.

Policy and Community Agencies

Procedures for working with non-school agencies are also required to deal with alcohol and drug situations. To improve communication between schools and agencies, districts should decide which agencies they wish to use; and develop procedures

to use those agencies effectively. In Chapter 4, "Selecting Community Programs or Agencies," lists steps for choosing such agencies.

Both the school and agency should identify their contact person(s) responsible for students involved in drug or alcohol incidents. A uniform flow of information can be achieved by having the name/role, address, phone number and brief description of the agency's admittance policy available for school staff handling the students.

When a student does enter a community agency, a "Release of Information" (ROI) form can allow the communication of relevant information about the student between the school and agency. A release of information form will specify what type of information can be transmitted, to whom it can be released, for how long, and for what purpose(s).

A release of information form protects confidentiality. Family and students can limit the transmission of information; school and agency personnel can exchange assessment results which can aid in an overall treatment plan. Agencies can limit information it deems confidential in accordance with the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1980 from P.L. 91-616.

The release of information form should be signed by the school agent, the student and the parent(s) when the school refers a student for treatment or evaluation to an outside agency. The release should be sent or hand carried to the agency immediately with a copy kept for school records. The agency should then countersign the release and send it to the school contact person.

While the student is under agency care, schools may send behavioral or academic data to the agency for assessment purposes. Agencies may send diagnostic or treatment information to the school.

The school should be notified when the student is no longer being served by the agency. The date of discharge, status and reason for discharge and advice for follow-up can be provided to the school. A follow-up conference between parents, the student, school contacts and agency staff may take place to discuss aftercare plans and the use of school support services. Close liaison between all persons associated with the student will promote a positive and enduring change. Appendix 7 provides several resources on school-agency coordination.

Policy and Procedures in Problematic Situations

The following example illustrates effective policies that one district adopted in order to deal with typical situations involving student substance use and abuse. The format has been of great assistance to school districts in developing their own procedures in these areas. The procedures have been listed under particular problematic situations of student substance involvement. Any policy or procedure must be decided by local board of education members with assistance from appropriate legal counsel. The following suggestions should not be construed as legal advice; they are given only for illustration. The following sample has been excerpted from the Pennsylvania Departments of Health and Education publication: Responding to Student Drug Use: Guidelines for School Personnel (1984).

PREFACE

This policy and its associated guidelines are an effort by the school district to respond effectively to the potential and current use and abuse of alcohol and drugs by members of its school population.

STATEMENT OF POLICY

The school district will work through curriculum and classroom activity, administrative and faculty effort, and disciplinary procedures to prevent and intervene in the abuse of drug substances by members of the school population.

As an extension of this policy, the following school guidelines shall be used, with reasonable judgment, when responding to drug related situations.

SCHOOL GUIDELINES

These guidelines have been created as one part of the Alcohol and Drug Policy. They are intended to provide a consistent means for effectively responding to alcohol and drug related situations that may occur at school or at school sponsored events. They have been written with due consideration for the legal rights and responsibilities of administrators, faculty, students and parents who may find themselves involved in such situations.

The guidelines are divided according to situations that may occur at school or at school sponsored events.

SITUATIONS AND RESPONSES

1. Any situation wherein a student demonstrates obvious symptoms of possible drug use (staggering, slurred speech, dazed appearance, incoherence, inability to respond), shall be handled as a health problem and potential emergency.

1.1 Immediate Action

All standard health and first aid procedures will be followed. The student shall not be left alone. The school nurse shall be summoned immediately. If the student must be taken to a medical faculty, he/she will be accompanied by the principal or authorized delegate.

1.2 Investigation

If alcohol or drug use is indicated, the principal or authorized delegate shall be responsible for all necessary investigation. This investigation may include a search, according to policy, of the student's locker and removal of apparent drug substances.

1.3 Notification of Parent

Parents will be immediately notified of the incident as a health problem or medical emergency and will include a description of the situation and symptons.

1.4 Confidentiality

Maintaining the confidentiality of such situations, particularly the knowledge that drugs are involved, shall be the responsibility of all parties involved. Such information shall be limited to the initial parties who are in knowledge of the situation and may only be extended to medical personnel, school superintendent, and counselor.

1.5 Disposition of Substances

All substances discovered at the emergency scene or subsequently uncovered shall be turned over by the school principal or authorized delegate to medical personnel for identification and aid in the treatment of the emergency.

1.6 Discipline

The student will be suspended for ten days following an informal hearing. The student shall be required to have an appointment with one of the school district's designated counselors. Recommendation for further

disciplinary action, counseling or outside referral shall be made by the chosen counselor subject to the approval of the school administration.

COMMENTS: The Guidelines in the Example have been arranged according to the sequence in which they may occur.

2. The student is caught with a small amount of alcohol or drugs (amount typical for personal use) for the first time.

2.1 Immediate Action

The teacher will summon the principal or escort the student to the principal's office.

2.2 Investigation

The principal will request that the student empty his/her pockets or purse and volunteer all drug substances. The student's locker will be searched according to policy.

2.3 Notification of Parent

The parent will be contacted immediately, the situation described and a conference arranged.

2.4 Confidentiality

Information will be limited to the student, teacher, principal, disciplinarian, superintendent and parent.

2.5 Disposition of Substance

Substances will be sealed, documented and turned over to police with request for analysis. Student's name will be withheld at this time.

2.6 Discipline

Following an informal hearing, the student will be suspended for a period of ten days. The student will also be required to see an appropriate drug counselor regarding the incident. The student will be informed of the option of requesting a formal hearing before the Board of Education.

2.7 Notification of Police

Contact will be limited to the transfer of confiscated substances at this time.

COMMENTS: The use of these procedures depends upon the cooperation of the student. Resistance on the part of the student may indicate the need to notify the police to investigate and initiate legal proceedings. See Situation 3.

3. The student is caught for the first time with a small amount but is uncooperative. (Will not turn over substance, responds with arrogance.)

3.1 Immediate Action

The teacher will summon the principal or escort the student to the principal's office.

3.2 Investigation

The principal will request that the student empty his/her pockets or purse and volunteer all drug substances. The student's locker will be searched according to policy. If the student refuses to cooperate, even after notification of parents, police may be called in to conduct a search.

3.3 Notification of Parent

The parent will be contacted immediately and the situation described completely. The parent will be informed of the possibility of police involvement.

3.4 Confidentiality

Information will be limited to the student, teacher, principal, disciplinarian, superintendent, parent and if necessary, police.

3.5 Disposition of Substance

Substances will be sealed, documented and turned over to police with request for analysis. The substances may be used as a basis and evidence for legal proceedings.

3.6 Discipline

Following an informal hearing, the student will be suspended for a period of ten days. A formal board hearing will be required to consider additional disciplinary measures, including term of possible explusion, pursuit of legal prosecution and potential conditions of return.

3.7 Notification of Police

Police will be notified, as necessary, to carry out searches or investigation when the student refuses to cooperate.

COMMENTS: The disciplinary action has been made conditional, based on the cooperation of the student.

4. A student is caught again in possession of a small amount of drug substance.

4.1 Immediate Action

The teacher will summon the principal or escort the student to the principal's office.

4.2 Investigation

The principal will request that the student empty his/her pockets/purse and volunteer all drug substances. The student's locker will be searched according to policy.

4.3 Notification of Parent

The parent will be contacted immediately and the situation described.

4.4 Confidentiality

Information will be limited to the student, teacher, principal, disciplinarian, superintendent and parent.

4.5 Disposition of Substance

Substances will be sealed, documented and turned over to police with request for analysis. Student's name will be withheld at this time.

4.6 Discipline

Following an informal hearing, the student will be suspended for a period of ten days. A formal hearing will be arranged before the Board of Education to determine term of possible expulsion, need for legal prosecution and potential conditions of return.

4.7 Notification of Police

Contact beyond transfer of substances will be based on the outcome of the formal board hearing.

COMMENTS: A consistent response to ten days suspension has been maintained but an option for further disciplinary action has been added in this adaptation.

5. A student is caught in possession of a large amount (more than common for personal use) indicating the intention to sell or distribute.

5.1 Immediate Action

The teacher will summon the principal or escort the student to the principal's office.

5.2 Investigation

The principal will request that the student empty his/her pockets or purse and volunteer all drug substances. The student's locker will be searched according to policy. Police will be called in to possibly assist in the investigation.

5.3 Notification of Parent

The parents will be contacted immediately and the situation described. They will be informed that the police will be called in.

5.4 Confidentiality

Information will be limited to the student, teacher, principal, disciplinarian, superintendent, parent and police.

5.5 Disposition of Substance

Substances will be sealed, documented and turned over to police as potential evidence.

5.6 Discipline

Following an informal hearing, the student will be suspended for a period of ten days. A formal Board hearing will be arranged within ten days to determine the term of expulsion, recommendations for legal proceedings and potential conditions of return.

5.7 Notification of Police

Police will be involved.

COMMENTS: The later involvement of police authorities would not subject the student to "double jeopardy" as in criminal proceedings. The disciplinary action of the school district is independent of any subsequent legal action the student may encounter.

6. Situations where drug use of a student is of concern, however, there is no evidence of violation of law or school regulations. Any response should be intended to help the student resolve the difficulty.

   a. A student may contact a teacher regarding the drug use of another student.

   b. A student may be suspected of using drugs but there is no clear evidence or obvious behavior change.

   c. A student may volunteer information about personal drug use.

   6.1 Immediate Action

   The student should be informed of his/her right to information and counseling. A referral should be made. Discussion should regard student behavior or performance. Accusations of DRUG USE should not be made.

   6.2 Investigation

   In most cases, investigation is limited to discussion with the student. A teacher may contact the school nurse or counselor regarding the situation.

   6.3 Notification of Parent

   Parents should be contacted in extreme cases of suspected drug use, even though there is no evidence. This contact will center on the student's actual behavior not suspicions.

   6.4 Confidentiality

   Information will be limited to staff member involved, student, nurse and counselor. In extreme cases the principal may be informed.

   6.5 Disposition of Substance

   Not applicable.

   6.6 Discipline

   None is mandated, and referral may be attempted.

   6.7 Notification of Police

   Not applicable.

EVALUATION

CHAPTER 5

Developing and implementing a drug and alcohol project requires commitment and expenditure of precious resources; evaluation is the means by which a school can determine if the selected curriculum, program and policy have had the desired effect of reducing student substance abuse.

The Benefits of Evaluation

Several benefits can be derived from evaluating. Evaluation can provide feedback to staff on the effects of their attempts to promote behavioral change. Evaluation information about a project's implementation or outcome can lead to modification and/or improvement. Using evaluation information can promote increased responsiveness to needs. Often internal or external funding sources require some type of evaluation for continued support. Evaluation serves to maintain the project's accountability to its supporters.

Evaluations of school programs to reduce drug and alcohol abuse must also examine cost/benefit issues. The effect of a project can be thought of in terms of the cost of resources needed to implement and maintain it. Not only "Did it work?," but "How much did it cost to make it work?" are questions for staff, administrators and the public. For example, if a school-based

intervention program which uses peer counseling to inhibit substance use can be associated with a significant decrease in dropout rates, a district may call the program successful, not only in terms of social/personal benefit, but also in financial terms. Evaluation may show to the community that: something is being done about the drug and alcohol problem; student participants feel better about themselves; and costs to run a peer counseling group are less than costs to place a student in an alternative school.

An Evaluation Model

If the steps in this manual are followed, evaluation will take place as a natural outgrowth of comprehensive planning. Figure 6 highlights the planning, selection and evaluation sequence. In this sequence, evaluation can provide information that guides on-going planning, implementation, and results.

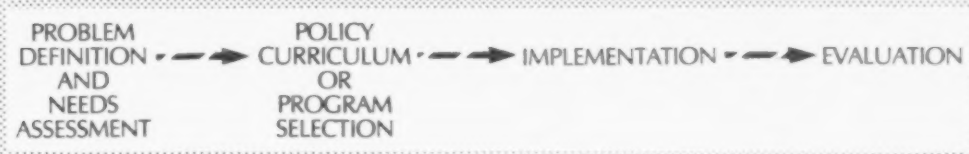


Figure 6

Evaluation can address three levels of a drug and alcohol project: process, outcome and impact. Evaluation at the level of process focuses on implementation issues. In contrast, outcome evaluation concentrates on the achievement of measurable objectives. Evaluation at the level of impact refers to broader issues addressed by the project.

Process evaluation is a thorough description of the implementation of a policy, curriculum or program. It attempts to present a complete picture of the dynamics and characteristics of an ongoing project. Process evaluation examines the target population, the personnel operating the program, the services delivered, and the utilization of resources. These and other aspects of the project provide measures of the process of implementation.

Outcome evaluation is what most people think of when evaluation is mentioned. It is concerned with measuring the effect of a project on the people participating in it. Outcome evaluation attempts to answer the question: "Has the program had a significant effect on participants and is that effect in the desired direction?" In essence, this evaluation is an attempt to determine if the project has met its objectives in producing changes in perceptions, attitudes, behaviors, or other effectiveness indicators among its targeted client group.

Impact evaluation examines the total effect of policy, curriculum or program on the community as a whole. The key word here is community, which may be defined as a school, district, or larger grouping. Community-wide indicators such as incidence and prevalence of substance abuse, related criminal activity, and institutional/societal policy and change are measured through methods such as epidemiologic studies or community surveys. Attempt is made to gauge the impact of a program over an extended period of time or of several programs operating within the district. Impact evaluation will be of less interest to the individual school, but may be a district level concern.

The following sample situation illustrates the planning/evaluation sequence as well as the three levels of evaluation.

A high school health questionnaire indicates that peer pressure is the strongest factor influencing students to use drugs or alcohol. The school administrator, through a needs assessment, determines that decision-making skills are not taught in the district's drug and alcohol curriculum. Consequently, the district selects a drug and alcohol program designed to teach health promoting values and decision-making skills.

After a period of time, school personnel working to implement the program want to know if their efforts have made any difference. Questions such as the following are raised:

- Has substance abuse decreased?
- Is the program being implemented as it was originally intended?
- Have there been modifications to the program which may influence it?
- Are students able to face peer pressure more effectively? These crucial questions are of concern to educators who have committed time, energy and self to bring about positive change in the lives of students. Evaluation can provide answers.

In the case cited, evaluation at the process level will determine if the program is being implemented correctly. The outcome evaluation will show if the pro-health values and decision-making skills of the students have increased. Finally, evaluation of the project's impact will show whether there has been a decrease in substance abuse among the school population.

The evaluation model, then, specifies information gathered at various "levels" (process, outcome, impact) and can "feed" that information back into implementation of the policy, curriculum or program evaluated.

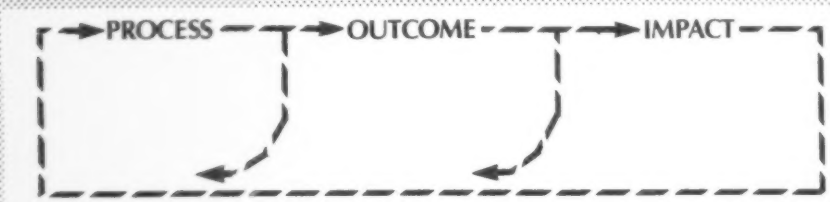


Figure 7

The three levels of evaluation are not mutually exclusive; they can be viewed as successive phases of information gathering in a comprehensive evaluation effort. Each level of evaluation has its own methodologies. Methodologies are ways to measure "what's going on." The use of evaluation designs and the various methodologies is a technical area which exceeds the limits of present discussion.

APPENDICES

APPENDICES
TABLE OF CONTENTS

		Page
APPENDIX 1	DRUG AND ALCOHOL USE AMONG NEW JERSEY HIGH SCHOOL STUDENTS, 1984	A-5
APPENDIX 2	PROBLEM DEFINITION, NEEDS ASSESSMENT AND PLANNING RESOURCES	A-11
	A. Problem Definition and Needs Assessment Resources	A-13
	B. Planning Resources	A-14
APPENDIX 3	PREVENTION RESOURCES	A-23
	A. Bibliography of Prevention Resources	A-25
APPENDIX 4	MULTIFACETED SERVICES AND TREATMENT RESOURCES	A-27
	A. Continuum of Services Matrix	A-29
	B. Statewide Community Organizing Program	A-31
	C. New Jersey Councils on Alcoholism	A-37
	D. County Alcoholism Coordinators	A-39
	E. New Jersey Narcotics and Drug Abuse Agencies	A-41
	F. Other Agency Information	A-42
APPENDIX 5	STAFF TRAINING	A-43
	A. Resources for Staff In-Service Training	A-45
APPENDIX 6	OTHER RESOURCES	A-47
	A. Self-Help and Constituency Groups for Drugs and Alcohol	A-49
	B. Nationwide Contacts for Alcohol and Drugs	A-50
APPENDIX 7	POLICY RESOURCES	A-51
	A. Bibliography and Resources for Policy and Procedures	A-53
	B. Checklist of Possible Drug and Alcohol Signs and Symptoms	A-54

		Page
C.	"Release of Information" (ROI) Form.....	A-55
D.	"Assessment of Credit" Form.....	A-57
E.	Checklist of Steps toward Improvement of Liaison between Schools and Agencies.....	A-59
F.	Special Education Policy.....	A-61
G.	New Jersey Alcohol and Drug Laws Affecting Education.....	A-62
H.	New Jersey Administrative Code Affecting Drug and Alcohol Issues (Pupil Records).....	A-70
APPENDIX B	**SPECIAL ACKNOWLEDGMENTS**.....	A-77
A.	Interdepartmental Planning Group.....	A-79

DRUG AND ALCOHOL USE AMONG NEW JERSEY HIGH SCHOOL STUDENTS

APPENDIX 1

*Taken from the like titled report by the Department of Law and Public Safety.

Prevalence and Recency of Use by Drug Type (Percent)

	Ever Used	Past Month
Alcohol	91.8	65.9
Marijuana	56.6	28.9
Amphetamines	33.6	12.4
Cocaine	17.8	7.5
Hallucinogens	14.6	5.0
Barbiturates	12.4	4.4
Tranquilizers	10.9	3.0
Heroin	2.4	1.1
Glue	13.4	
Cough Medicine	4.5	
Aerosol	4.0	
Methadone	3.9	

FIRST USE

A series of survey items were included to obtain information concerning students' first use of drugs and alcohol. The students were asked to report the grade in which they first used each of eight substances. The data are presented in this section to indicate the proportion of students reporting substance use prior to entering tenth grade. The Table displays the number of students reporting first use of each listed substance before the seventh grade, during seventh and eighth grades and during ninth grade. The table then compares the total proportion of students reporting use prior to the tenth grade with the number of students who have ever used (lifetime prevalence) each substance. It is recognized that information regarding the age at which students begin substance experimentation is of key importance in determining the content of prevention efforts as well as the age or grades to which they are directed.

- Four of every five students (81.9%) report some use of alcohol prior to tenth grade.

- Two out of every five students (41.1%) report use of marijuana before entering tenth grade, while one in every five (20.1%) report the same for amphetamines.

- The proportion of students reporting initial use of hallucinogens, barbiturates, cocaine and tranquilizers before tenth grade ranges from 6.9% to 8.7%, while 1.9% first used heroin during that period.

- When considering only those students who have ever used each substance we find, with the exception of cocaine, that more than half have done so before entering tenth grade.

- Almost all of the students (89.2%) who have ever used alcohol report first use prior to tenth grade, as do three-quarters (72.6%) of the students who report use of marijuana at some time in their lives.

- A clear majority (59.6% - 63.3%) of the students who have ever used hallucinogens, amphetamines, barbiturates or tranquilizers report initial use before entering tenth grade.

- Only with regard to cocaine do we find that less than half (42.1%) of those who have ever used report first use earlier than tenth grade.

- Although the absolute numbers are small, we observe that four-fifths (79.2%) of those students who have ever used heroin have done so prior to tenth grade.

First Use of Eight Substances by Grade (Percent)

Substance	Grade Before 7th	Grade 7th	Grade 9th	Total Before 10th Grade	Ever Used
Alcohol	34.3	30.6	17.0	(81.9)	91.8
Marijuana	6.6	18.6	15.9	(41.1)	56.6
Amphetamines	1.9	7.3	10.9	(20.1)	33.6
Cocaine	1.0	2.1	4.4	(7.5)	17.8
Hallucinogens	1.0	2.9	4.8	(8.7)	14.6
Barbiturates	0.9	3.4	3.5	(7.8)	12.4
Tranquilizers	1.0	3.0	2.9	(6.9)	10.9
Heroin	0.6	0.4	0.9	(1.9)	2.4

TIME AND OCCASION OF USE

Students reporting alcohol or drug use at any time in their lives were asked two series of questions concerning the times or occasions on which they had used the substances. The questions were, for the most part, directed at substance use relative to the school day and school functions. The questions were grouped separately in the survey in order to identify any difference between marijuana/drug usage patterns and patterns of use regarding alcohol.

- As would be expected, drugs and alcohol are most frequently used on weekends and at parties.
- However, about half the students who report using marijuana or drugs at some time in their lives say they have done so either at school functions (47.0%) or during school hours (46.4%).
- Stated otherwise, this means that about one-quarter of all students report using drugs and marijuana at school functions (26.9%) or during school hours (26.6%).
- With regard to alcohol, just over one-third (37.8%) of all students report use during school functions, while only one in every six students (16.2%) report use during school hours.
- Half of all students (50.1%) who report using marijuana or other drugs at some time in their lives have done so before school.
- "Before school" use of drugs is far more prevalent than alcohol use at that same time; more than one-quarter (28.7%) of all students have used drugs before school, compared with 18.0% who have used alcohol at that time.

PROBLEM DEFINITION, NEEDS ASSESSMENT AND PLANNING RESOURCES

APPENDIX 2

A. PROBLEM DEFINITION AND NEEDS ASSESSMENT RESOURCES

Fisher, W. S. Drug and Alcohol Use Among New Jersey High School Students 1984. Department of Law and Public Safety, 1984.

Johnston, L.D., Bachman, J.G., and O'Malley, P.M. Highlights from Students Drug Use in America 1975-1981. Rockville, Maryland: NIDA, 1981. (DHHS Publication No. ADM 82-1208)

National Institute on Drug Abuse. Prevention Planning Workbook Volume 1. Washington, D.C.: U.S. Government Printing Office, 1981. (DHEW Publication No. ADM 81-1062)

National Institute on Drug Abuse. A Needs Assessment Workbook for Prevention Planning Volume 2. Washington, D.C.: U.S. Government Printing Office, 1981. (DHEW Publication No. ADM 81-1061)

Department of Health, Education and Welfare. Disease Prevention and Health Promotion: Federal Programs and Prospects, 1978

The Governor's Committee on Children's Services Planning. New Jersey's Action Plan For Children, 1984

The Federal Government Documents are available from:

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

or through:

New Jersey Department of Health
Division of Narcotics and Drug Abuse
(609) 984-3309

or through:

DRACON Centers (Appendix 5)

B. PLANNING RESOURCES

The following charts may be used to develop action plans for student substance abuse projects.

Figure 8, "Activity Worksheet," outlines the goal, objective, task or activity, person responsible, completion date and problems/concerns for each objective in the action plan.

Figure 9, "Milestone Chart," visually displays the timeline of a project or objective. Milestone charts are commonly divided into months with each task/objective noted by a starting date and due date.

Figure 10, "Resource Analysis Worksheet," identifies the task/activity, human, financial and technical resources required, resources available and discrepancies/comments between required and available resources for each objective in the action plan.

Figure 11, "Training and Technical Assistance Needs Worksheet," provides a visual display of activities, resource discrepancies and the training/technical assistance or other strategy to resolve the discrepancy.

Goal _____

Objective _____

Activity Worksheet

1 Task or activity	2 Person responsible	3 Completion date	4 Comments/constraints

Figure 8

Objective _____

Milestone Chart

Activity	July 19__	Aug	Sep	Oct	Nov	Dec	Jan 19__	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec

Figure 9

Objective_____

Resource Analysis Worksheet

1	2	3				4				5	6
		Resources required				Resources available					
Activities	Completion date	No. of persons	Skills	Financial	Other material	No. of persons	Skills	Financial	Other material	Discrepancies	Comments

Figure 10

Objective _____

Training and Technical Assistance Needs Worksheet

1 Activity	2 Resources discrepancies	3 Is the discrepancy resolvable through training and technical assistance? Yes No	4 If yes, identify the training or technical assistance needed	5 If no, identify how you will resolve the discrepancy	6 Comments

Figure 11

PREVENTION RESOURCES APPENDIX 3

A. BIBLIOGRAPHY OF PREVENTION RESOURCES

Prevention Plus: Involving Schools, Parents and the Community in Alcohol and Drug Education. Rockville, Maryland: U.S. Department of Health and Human Services. Alcohol, Drug Abuse and Mental Health Administration, 1983 (D.H.H.S. Publication No. ADM 834-1256)

Program Models for the Prevention, Intervention and Treatment of Student Substance Abuse. New Jersey Department of Education, 1984.

Use and Abuse of Alcohol, Drugs and Tobacco Volume II. Curriculum Guidelines Grade K-12. New Jersey Department of Education, 1981.

Use and Abuse of Alcohol, Drugs and Tobacco Volume III. Sources of Materials and Information. New Jersey Department of Education, 1981.

For additional information contact:

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National Institute on Alcohol Abuse and Alcoholism
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Rockville, Maryland 20857
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National Clearinghouse for Drug Abuse Information
National Institute on Drug Abuse
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-6500

MULTIFACETED SERVICES AND TREATMENT RESOURCES

APPENDIX 4

	CURRICULA				SCHOOL PROGRAMS			COMMUNITY PROGRAMS		
	HEALTH/ PHYSICAL SCIENCES	SOCIAL SCIENCES	FAMILY LIFE/ HOME ECONOMICS	PHYSICAL AND DRIVERS EDUCATION	SCHOOL COUNSELING	CHILD STUDY TEAM	OTHER SCHOOL	MEDICAL SERVICES	TREATMENT AGENCIES/ PRACTITIONERS	OTHER COMMUNITY SERVICES
PREVENTION										
INTERVENTION										
TREATMENT										

Figure 12

B. STATEWIDE COMMUNITY ORGANIZATION PROGRAM (SCOP)

GENERAL FOCUS: Prevention
Intervention
Community Involvement

GRADE LEVELS: K-12

CONTACT: Charles A. Currie, Chief of Prevention
Division of Narcotics and Drug Abuse Control
129 East Hanover Street
Trenton, NJ 08608
(609) 292-4414

NEW JERSEY
DISTRICTS USING: see the following charts

Scop Team Examples in New Jersey Schools

Prevention

COUNTY	NAME OF PROGRAM	TARGET POPULATION	CONTACT PERSON	NAME OF SCOP TEAM
Essex	Graffiti Gobblers	5-6	Charles Mitchel, Principal Franklin St. School, Newark (201) 733-7060	Newark Franklin St. School SCOP Team
Hudson	CPR (Cardio-Pulmonary Resuscitation) Training	8th gr.	Ms. Carol Genatt (201) 865-4130	Secaucus SCOP Team
Middlesex	Life Line	Senior Citizens	Al Colacihi, Old Bridge Schools (201) 566-1000	Old Bridge SCOP Team
Middlesex	Old Bridge Peer Program	9th & 12th gr.	Al Colacihi or Don Petzoid (Vice-Principal), Old Bridge Schools (201) 566-1000	Old Bridge SCOP Team
Monmouth	Friendship Exchange	6th-8th & Senior Citizens	Susan Rechel, Marlboro Schools (201) 536-4900	Marlboro SCOP Team
Monmouth	Freehold SCOP Youth Team	8-10	Joe Tyberghein, Supt. Parks & Recreation, Freehold Twp. (201) 462-7900	Freehold SCOP Team
Morris	Mine Hill SCOP Summer Program	K-6	Ronald Armengol, Supt. of Schools Mine Hill (201) 366-0590	Mine Hill SCOP Team
Morris	Hanover Park Wilderness Experience	9-12	John Kirchberger, Vice-President Hanover Park H.S. (201) 887-0300	Hanover Park Regional Sch. Dist. SCOP Team
Morris	Project LINK-UP	9-12 & Senior Citizens	Diane Mooney, Montville Schools (201) 335-4000	Montville Twp. SCOP Team
Passaic	Role Model Project	6th-8th gr.	William Kline, Director Special Services, Paterson Schools (201) 881-6187	Paterson SCOP Team
Passaic	Tomorrow's Promise	K-12	Maria Lanfrank, Lakeland Reg. High School (201) 835-1900	Lakeland Reg. Dist. SCOP Team

Scop Team Examples in New Jersey Schools

Prevention

COUNTY	NAME OF PROGRAM	TARGET POPULATION	CONTACT PERSON	NAME OF SCOP TEAM
Somerset	Senior Citizen Reading Program	K-1 & Senior Citizens	Alice Kelly, Sch. Social Worker Manville, (201) 231-8538 or (201) 231-8538 or 8536	Manville SCOP Team
Somerset	Assistant To The Principal	K-5	Art Lisciandro (201) 231-8516	Manville SCOP Team
Sussex	Youth Development Commission	Community	Donald Earl, Sparta Police (201) 729-6121	Sparta Twp. SCOP Team
Union	Mischief Night Concert	9-12	Thomas Turney, Peer Leadership Coordinator (201) 241-4550	Roselle Park SCOP Team
Union	Roselle Part Trust Company	9-12 & Teachers	Thomas Turney Roselle Park High School (201) 241-4550	Roselle Part SCOP Team
Union	Student Leadership Conference	9-12 & Community	Dr. Robert Howlett, Supt. of Schools, Scotch Plains/Fanwood (201) 232-6161	Scotch Plains/Fanwood SCOP Team
Union	Peer Relations Class	8th gr.	George Gilcrest, Teacher (201) 245-1634	Roselle Park SCOP Team

Scop Team Examples in New Jersey Schools

Prevention

COUNTY	NAME OF PROGRAM	TARGET POPULATION	CONTACT PERSON	NAME OF SCOP TEAM
Bergen	Dangerous Stranger Project	K-1	Detective Sgt. Donald Stumpf Bergenfield Police (201) 384-2300	Bergenfield SCOP Team
Bergen	Project S.O.L.E. (Student Outdoor Living Experience)	K-8 & Community	Edward Callison Principal Hoover School, Bergenfield (201) 385-8532	Bergenfield SCOP Team
Bergen	Legislation and Education Against Drunk Driving (L.E.A.D.D.)	9-12	Phyllis Frey, Northern Highlands Regional School	Northern Highlands Regional High School SCOP Team
Camden	"Joining Sources: A Directory of Resources For Family and Youth"	Community	Ed Kagan, Camden County Social Services (609) 795-4191	Cherry Hill SCOP Team
Cape May	"Catch The Spirit"	Community	Wendy Burma, Sport Division Recreation Dept. (609) 399-6111 ext.246	Ocean City SCOP Team
Essex	Project Paint	K-8 & Community	Charles Mitchel, Principal Franklin St. School, Newark (201) 733-7060	Newark Franklin St. School SCOP Team
Essex	Pride In School Program	Kindergarten	Gene Foti, Principal Hawkins St. School, Newark (201) 733-6856	Hawkins St. School SCOP Team
Essex	"LEFTY"	9-12	Dr. Ray DeMaio, Psychologist Livingston, (201) 994-1550	Livingston SCOP Team
Essex	Ecology Club	6th gr.	Charles Mitchel, Principal Franklin St. School, Newark (201) 733-7060	Newark Franklin St. School SCOP Team
Essex	Fifth Grade Orientation Program (Drug & Alcohol Awareness)	5th gr.	Debbie Michelsen (201) 783-6849 or Det. Doug Huber (201)239-5000 Verona: (201)239-5032	Verona SCOP Team
Essex	Vandalism Hotline	Community	Charles Mitchel, Principal Franklin St. School, Newark (201) 733-7060	Newark Franklin St. School SCOP Team

Scop Team Examples in New Jersey Schools

Intervention

COUNTY	NAME OF PROGRAM	TARGET POPULATION	CONTACT PERSON	NAME OF SCOP TEAM
Burlington	RAP Program	Community	Lynne Sproule (609) 983-2189	Marlton SCOP Team
Camden	Primary Prevention Program (PPP)	K-3	Dr. George Bigge, Jr. Principal Glendora School (609) 227-1400	Gloucester Twp. SCOP Team
Essex	Changing Family Program	K-12	Dr. Ray DeMaio, Psychologist Livingston Schools (201) 994-1550	Livingston SCOP Team
Essex	Job Bank Program For Out Of School Youth	16-21 yrs.	Ms. Patricia Hippe Youth Aide Bureau Bloomfield, NJ (201) 743-6116	Bloomfield SCOP Team
Hudson	Student Assistance Resource Program (SARP)	9-12	Mark McClellan North Bergen High School (201) 868-1000	North Bergen SCOP Team
Union	Scotch Plains Community Service Project	5-12	Chief Bob Luce Det. Carl Sicola Scotch Plains Police Dept. (201) 322-7100	Scotch Plains/Fanwood SCOP Team

C. NEW JERSEY COUNCILS ON ALCOHOLISM

Sponsored by:

New Jersey State Department of Health
Division on Alcoholism

Councils on alcoholism provide information and referral services to the public.

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18 Church Street
Newton, NJ 07860
(201) 383-1215

UNION

James Davis
Div. of Human Resource Planning
Union Co. Admin. Building
Elizabeth, NJ 07207
(201) 527-4837

WARREN

Michael Shanley
Warren County Dept. of Human Services and Mental Health
P.O. Box 15
Belvidere, NJ 07823
(201) 745-5361 Ext. 317

E. NEW JERSEY NARCOTICS AND DRUG ABUSE AGENCIES

Sponsored by:
New Jersey State Department of Health
Division of Narcotics and Drug Abuse

Drug Abuse Communication Network Clearinghouse (DRACON)

The DRACON Clearinghouse provide drug information and printed materials.

North

New Jersey Department of Education
RCSU - North
15 South Munn Avenue
East Orange, New Jersey 07017
(201) 672-3036
Contact Person - Robert Goger

Central

Clearinghouse Central
New Jersey Department of Health
Division of Narcotics and Drug Abuse
129 E. Hanover
Trenton, NJ 08625
(609) 292-0728
Contact: Barry Hantman

New Jersey Department of Education
RCSU - Central
75 Racetrack Road
East Brunswick, New Jersey 08816
(201) 390-6030
Contact Person - Barry Ward

South

Clearinghouse South I
Cooper Medical Arts Building
300 Broadway - 5th Floor
Camden, New Jersey 08103
(609) 342-3273
Contact Person - John Alden

Clearinghouse South II
New Jersey Department of Education
RCSU - South
Tanyard and Salina Roads
Sewell, New Jersey 08080
(609) 468-6500
Contact Person - William Burcat
John Edwards

Regional Offices, Division of Narcotics and Drug Abuse

The regional offices can provide referral information for drug abuse treatment agencies.

Northern Region

Helen Fredericks - Supervisor
Arthur Hartman
20 Evergreen Place
East Orange, New Jersey 07018
201-648-4300

Central Region

John Marks - Supervisor
Michael Bowen
1200 Memorial Drive
Asbury Park, New Jersey 07712
201-775-6030

Southern Region

Bernard Daria - Supervisor
501 Cooper Street
Camden, New Jersey 08103
609-757-2860

F. OTHER AGENCY INFORMATION

New Jersey Association for the
Prevention and Treatment of
Substance Abuse
Denis Mansmann, President
486 Laurie Street
Perth Amboy, NJ 08861
(201) 442-3700, ext. 2181

National Association For Children of Alcoholics
31706 Coast Highway
Suite 201
South Lagune, CA 92677
(714) 499-3889

For additional information, see Appendix 7, OTHER RESOURCES

STAFF TRAINING

APPENDIX 5

A. RESOURCES FOR STAFF IN-SERVICE TRAINING

New Jersey Summer School of Alcohol and Drug Studies
Rutgers, The State University of New Jersey
The Center for Alcohol Studies
New Brunswick, NJ 08903
(201) 932-2190
Training: One week in August, CEU available

The Summer School of Alcohol Studies
Rutgers, The State University of New Jersey
New Brunswick, NJ 08903
(201) 932-2190
Training: Three weeks in Summer, CEU available

New Jersey Prevention, Inc.
95 Mount Kemble Avenue
Morristown, NJ 07960
(201) 267-1857

Trenton State College
Program for Alcohol Education and Training
Phelps Annex
Hillwood Lane
CN 550
Trenton, NJ 08625
(609) 771-2883

New Jersey Association for the Prevention and Treatment of Substance Abuse
President - Denis Mansmann
486 Laurie Street
Perth Amboy, NJ 08861
(201) 442-3700 Ext. 2181

William Paterson College
School of Education and Community Services
Contact: Dr. Timothy A. Gerne, (201) 595-2331
or School of Health Professions and Nursing
Contact: Professor Daniel Watter, (201) 595-2394
300 Pompton Road
Wayne, New Jersey 07470

New Jersey Department of Health
Division on Alcoholism (609)-292-8947; 609-292-0729
Division on Narcotics and Drug Abuse Control 609-292-4414

also contact:

RCSU North - (201) 672-3036, Robert Goger
RCSU Central - (201) 390-6030, Barry Ward
RCSU South - (609) 468-6500, John Edwards or William Burcat

OTHER RESOURCES

APPENDIX 6

A. SELF-HELP AND CONSTITUENCY GROUPS FOR DRUGS AND ALCOHOL

Ala-Call (Toll Free Hotline)
1050 North Kings Highway
Cherry Hill, New Jersey 08034
800-322-5525 (24 hours)

Alcoholics Anonymous Groups
of New Jersey, Inc.
P.O. Box 632, Maplecrest Station
Maplewood, New Jersey 07040
201-763-1415

Central New Jersey
461 Cass Street
P.O. Box 4520
Trenton, New Jersey 08611
609-393-8010

Southern New Jersey
P.O. Box 2514
Cherry Hill, New Jersey 08034
609-428-4482

Al-Anon/Alateen Family Groups

Northern New Jersey
310 Main Street
Orange, New Jersey 07050
201-672-7231

Southern New Jersey
P.O. Box 2205
Cherry Hill, New Jersey 08034
609-428-0083

Narcotic Anonymous
P.O. Box 244
Somerset, New Jersey 08873
201-659-6381 (Hotline)
201-623-2439

New Jersey Self-Help
Clearinghouse
St. Clare's CMHC
Denville, New Jersey 07834
800-452-9790

New Jersey Association of
Alcoholism Counselors (NJACC)
Trenton, New Jersey 08618
609-392-5770; 267-0700

New Jersey Alcoholism Counselor
Certifiation Board (NJACCB)
103 Front Street
Red Bank, New Jersey 07701
609-392-5770

New Jersey Substance Abuse
Counselor Certification
Division of Narcotics and Drug
Abuse Control
Asbury Park, New Jersey 07712
201-775-0151

National Black Alcoholism
Council
969 McCarter Highway
Newark, New Jersey 07102
201-828-8121

New Jersey Hispanic Coalitation
on Substance Abuse
270 Passaic Street
Passaic, New Jersey
201-779-7022

New Jersey Task Force on Women
and Alcohol
31 Homestead Road
Edison, New Jersey 08820
201-877-6958

Women's Referral Service
New Jersey Division on Women
CN 800
Trenton, New Jersey 08625
700-322-8092 (24 hours)

B. NATIONWIDE RESOURCES

Department of Health and Human Services
Alcohol, Drug Abuse and Mental Health Administration
5600 Fishers Lane
Rockville, Maryland 20857

Department of Health and Human Services
Center for Disease Control
(Smoking Publications)
National Clearinghouse for Smoking and Health
Bethesda, Maryland 20016

National Clearinghouse for Drug Abuse Information
(Drug Publications)
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-6500

National Clearinghouse for Alcohol Information
(Alcohol Publications)
P.O. Box 2345
5600 Fishers Lane - Room 10A43
Rockville, Maryland 20857
Telephone: (301) 468-2600

National Council on Alcoholism (N.C.A.)
733 Third Avenue
New York, New York 10017
Telephone: (212) 986-4433

Alcoholics Anonymous
P.O. Box 10163
Grand Central Station
New York New York 10017
Telephone: (212) 686-1100

National Association For Children of Alcoholics
31706 Coast Highway
Suite 201
South Lagune, CA 92677
(714) 499-3889

POLICY RESOURCES

APPENDIX 7

A. BIBLIOGRAPHY AND RESOURCES FOR POLICY AND PROCEDURES

AMERICAN CIVIL LIBERTIES UNION
204 W. State Street
Trenton, New Jersey 08625
(609) 599-4440

NEW JERSEY ASSOCIATION OF PRINCIPALS AND SUPERVISORS
1479 Pennington Road
Trenton, New Jersey
(609) 771-8200

THE NATIONAL PTA
700 N. Rust Street
Chicago Illinois 60611-2571
(312) 787-0977

NEW JERSEY ASSOCIATION OF SCHOOL ADMINISTRATORS
920 West State Street
Trenton, New Jersey 08618
(609) 599-2900

NEW JERSEY EDUCATION ASSOCIATION
180 West State Street
Trenton, New Jersey 08625
(609) 599-4561

New Jersey Narcotic and Drug Abuse Laws. Controlled Dangerous Substances Act. New Jersey State Department of Health, amended 1983. (does not include alcohol laws)

NEW JERSEY SCHOOL BOARDS ASSOCIATION
315 West State Street
P.O. Box 909
Trenton, New Jersey 08605
(609) 695-7600

PYRAMID Project. School Drug Policy: Review and Recommendations. Pacific Institute for Research and Evaluation, 1981. (Contact: Pacific Institute for Research and Evaluation, 7101 Wisonsin Avenue, Bethesda, Maryland 20014)

Prosecutor's Handbook for School Administrators. Prosecutor's Office, Union County, New Jersey.

School and Drug Abuse Policy Development Guide: For School And Community Officials. U.S. Department of Justice; Drug Enforcement Agency. [1405 I Street N.W., Washington, D.C. 20537 (202)663-1333.]

Use and Abuse of Alcohol, Drugs and Tobacco I. School Policies and Procedures. New Jersey Department of Education, 1981.

B. CHECKLIST OF POSSIBLE DRUG AND ALCOHOL SIGNS AND SYMPTOMS

Substance abuse may be suspected in a student if symptoms such as the following are noticed:

PHYSICAL SYMPTOMS AND SIGNS:

Appetite (Extremes)	-	No or very little (change from a "normal" eater); large appetite, especially for liquids or sweets
Eyes	-	Bloodshot, watery, extremely wide or small pupils
Personal Habits	-	Change in dress, or grooming habits; bad body and breath odor
Skin boils or sores	-	Injection points from needles sometimes get infected
Ill Health	-	Body tone, skin color, posture and weight deteriorate
Concentration	-	Overly stimulated or constantly sleepy

PSYCHOLOGICAL SYMPTOMS AND SIGNS:

Unusual Emotional Extremes	-	Hysterical crying or hysterical laughter; often anti-authority
Fear Complex (Parano ia)	-	Convinced someone is after them, very suspicious
Mental Ill Health	-	Loss of interest in former goals; paranoid behavior; emotional extremes, dull, unresponsive
Lack of Interest	-	In class, sports or hobbies (as compared to prior interest)
Change of Temperment	-	Unusual flare-ups or out-breaks of temper

OTHER BEHAVIORAL SYMPTOMS OR SIGNS

Sudden Truancy
Lower Grades
Tardiness
Skipping Classes
Change in friends
Excuses and Rationalizations
Frequent Absences

C. RELEASE OF INFORMATION FORM (ROI)

Patient/Client's Name: _____

Birthdate: _____

Admission/Contact Date: _____

_____ and _____
(name) (name)

_____ _____
(address) (address)

_____ _____
(address) (address)

to exchange the following information:

_____

_____

_____

_____

_____

_____

The information is needed for the following purpose(s):

TO EFFECT A CONTINUUM OF CARE FOR THE PATIENT'S/CLIENT'S RECOVERY.

I understand that I may revoke this authorization at any time and that upon fulfillment of the above stated purpose(s), this authorization will expire. In any case, this authorization will automatically expire 6 months from the date signed.

SIGNATURE: _____
(Client)

SIGNATURE: _____
(Legal Guardian)

DATE: _____

D. ASSESSMENT OF CREDIT FORM FOR RESIDENTIAL TREATMENT

STUDENT NAME _____

While in residence, a client is involved in activities which we feel merit assessment for credit. It is up to each school district to decide if and when credit may be granted. We are supplying guidelines and possible areas of accreditation. All activities listed below are conducted by trained, professional staff.

Indicate the number of hours in each area where credit may be assessed:

_____ Social Studies - Family Dynamics
Through lecture, discussion, group therapy and experiential processes the client and his/her family learn to view and approach family problems and change, from a systems standpoint. Topics covered included systems rules, roles, secrets, myths, communication patterns, methods of improving self-esteem and family strategies. A formal communication process is taught, practiced and utilized to achieve family understanding on specific relationship issues. In addition, participants learn about the following: the processes of dependency; enabling; codependency and loss of separation; how to construct a non-threatening environment in the home; and family constellations.

_____ Health and Personal Relationships
Through role playing, group discussion and participation, the client learns how to identify and effectively deal with peer, adult and family pressures. Setting realistic goals and attainment of them is stressed. Values clarification and sexuality are issues that are also covered.

_____ English and Communication
Communication skills stress the importance of becoming aware of one's thoughts and feelings and how to express them accurately. Development of listening skills is also stressed. These are accomplished through individual and group discussion.

_____ Physical Education and Fitness
One hour per day, six days per week is spent on physical maintenance. The goal of the program is to improve cardio-vascular fitness, flexibility and self-esteem. Physical recovery is important for participation in a variety of activities for a more fulfilling life.

_____ Lifetime Sports
Four to six hours a week are spent on a variety of outside activities, sports and leisure time interests. The goals of the Recreational Therapy Program are: (1) Exposure to alternative "natural" highs; (2) To become more aware of the many alternate leisure time pursuits; and (3) To involve the whole family in leisure time.

Counselor _____ Date _____

Recreational Director _____ Date _____

E. CHECKLIST OF STEPS TOWARD IMPROVEMENT OF LIAISON BETWEEN SCHOOLS AND AGENCIES

Schools		Agencies	
____ 1.	Complete a ROI	____ 1.	Complete ROI and send ROI to school
____ 2.	Review periodic progress reports	____ 2.	Notify school district persons within 24 hours
____ 3.	Attend Discharge Conference; obtain Aftercare Plan	____ 3.	Send periodic progress report
____ 4.	Assist in implementing Aftercare Plan	____ 4.	Schedule and inform school contract person of discharge date/time one week before the date
____ 5.	Organize re-entry conference	____ 5.	Prepare Aftercare Plan for student's re-entry to school
____ 6.	Review Discharge Summary	____ 6.	Send Discharge Summary within 10-25 days after discharge date

F. SPECIAL EDUCATION POLICY

A student using drugs or alcohol whose educational performance has been adversely affected may be referred to the local child study team for determination of eligibility for special education and/or related services. The child study team would then be responsible for determining if the student has an educationally handicapping condition which impairs him/her to such an extent that such services would be necessary. Selected examples of these educationally handicapping conditions are:

> "Emotionally disturbed" means the exhibiting of behavioral disorders over an extended period of time which adversely affect educational performance and may be characterized by any of the following: an inability to build or maintain satisfactory interpersonal relationships; behaviors inappropriate to the circumstances; a general or pervasive mood of depression; and/or the development of physical symptoms or irrational fears relating to personal or school problems. This definition does not include social malajustment as described in this chapter.
>
> "Socially maladjusted" means a pattern of behavior characteristized by conflicts which cannot be resolved by authority figures, or behavior that seriously interferes with the wellbeing or the property of others and is not due to emotional disturbance as defined in this chapter.
>
> "Chronically ill" means a condition such as tuberculosis, lowered vitality, cardiac condition, leukemia, asthma, seizure disorders or other physical disability which makes it impractical for the pupil to receive adequate instruction through the regular school program.

If a student is determined to have an educationally handicapping condition, he/she shall be provided a special education program and/or related services at the expense of the school district. It is important to note that services can be provided only by school certificated persons (such as: Teacher of the Handicapped, School Psychologist, School Nurse) and that any placement of the student must be into a program which is part of an approved public or private school.

Related services are defined as transportation and such developmental, corrective, social and other supportive services as are needed to enable an educationally handicapped pupil to benefit from a free, appropriate education. These include the diagnostic services of physicians and other consultant specialists and the intervention services, such as speech correction, physical therapy, occupational therapy, recreation and psychological counseling. "Related services" also includes, parent counseling relative to the education of a pupil and other related services that may be required as a part of the pupil's individualized education program. The term does not include medical treatment outside of an educational program.

For complete explanation of the special education process, please refer to N.J.A.C. 6:28-1 et seq.

G. NEW JERSEY ALCOHOL AND DRUG LAWS AFFECTING EDUCATION

18A:4-28.7. Drug education unit incorporated into curriculum. On and after January 15, 1971, each school district having secondary school grades shall incorporate into its health education curriculum the recommended drug education unit provided for in section 2 hereof* during a minimum of 10 clock hours per school year as part of the ongoing health education curriculum for secondary grades. L.1970, c.85,Sect.4. (*Sect. 18A:4-25.5)

18A:4-28.13. Consumption of alcoholic beverages by school pupils; study; comprehensive plan for effective instructional programs and handling of pupils. The Commissioner, under the direction of the State Board of Education, shall make an in-depth study of the incidence of consumption of alcoholic beverages by school pupils and the degree to which consumption of alcoholic beverages by school pupils is causing educational disciplinary or other problems for school districts, and of the effectiveness of current laws and regulations relative to the teaching of the nature and effects of alcoholic beverages and the training of teachers with respect to the nature and effects of alcoholic beverages. Based upon the study and after consultation with the Commissioner, the State board shall establish a comprehensive plan designed to insure that effective instructional programs on the nature of alcoholic beverages and their effect upon the human body, and on the physiological, psychological and sociological effects of alcoholism, and effective programs for handling pupils who are involved in incidents of possession or consumption of alcoholic beverages, or who show significant symptomms of intoxication or of alcoholism, on school property or at school functions, are provided in the public schools. This plan shall provide for, but is not limited to:

a. Goals, objectives and standards for alcohol education;

b. Identification of appropriate places in the curriculum and appropriate grade levels for effective alcohol education;

c. Preparation and updating of curriculum guidelines;

d. General qualifications for all teachers in public schools to insure that all teachers are adequately trained in and aware of the nature and effects of alcoholic beverages and alcoholism so that they may identify alcohol-related problems in pupils and assist in resolving alcohol-related problems in the schools or in providing effective alcohol education;

e. Specific qualifications for teachers providing instruction in the nature and effects of alcohol and alcoholism;

f. Appropriate in-service training programs for teachers to provide them with the opportunity to meet the general or specific qualification requirements under the plan within a reasonable period of time after it takes effect, and to maintain their proficiency and update their knowledge relative to alcohol education as necessary;

g. Guidelines for policies and procedures of boards of education for handling pupils involved in alcohol-related incidents or with alcohol-related programs;

h. A uniform system for the collection of data on incidents involving possession or consumption of alcoholic beverages, and on pupils with alcohol-related problems, on school property or at school functions.

In making the study and preparing and implementing the plan, the Commissioner and the State board shall consult and work closely with the Department of Health. The study and plan shall be completed within three years after the effective date of the act, and shall be submitted to the Governor and the Legislature. Amended by L. 1979, C. 265, Sect. 3, eff. January 2, 1980.

18A:35-4. Course in nature and effect of alcoholic drinks and narcotics. The nature of alcoholic drinks and narcotics and their effects upon the human system shall be taught in all schools supported wholly or in part by public moneys in such manner as may be adapted to the age and understanding of the pupils and shall be emphasized in appropriate places of the curriculum sufficiently for a full and adequate treatment of the subject. The Commissioner shall, with the approval of the State board, in cooperation with the Education Improvement Centers and in consultation with the Department of Health, prepare and update as necessary curriculum guidelines to assist boards of education in fulfilling this requirement. Each board of education shall make provisions in its annual educational program to fulfill this requirement and with respect to the requirement concerning the teaching of the nature of alcoholic drinks and their effects upon the human system, each board shall consult with a local organization involved with the prevention, detection, and, treatment of alcoholism approved by the Department of Health. Amended by L. 1979, C. 263.

54:32C-3.4 An act providing for the establishment of the Alcohol Education, Rehabilitation and Enforcement Fund.

a. Within 180 days of the enactment of this act, the governing body of each county, in conjunction with the county agency, or individual, designated by the county with the responsibility for planning services and programs for the care or rehabilitation of intoxicated persons and alcoholics, shall submit to the Director of the Division of Alcoholism a comprehensive plan for the provision of community services to meet the needs of intoxicated persons and alcoholics.

b. The comprehensive plan shall address the needs of urban areas with a population of 100,000 or over and shall demonstrate linkage with existing resources which serve alcoholics and their families. Special attention in the plan shall be given to alcoholism and youth; drinking drivers; women and alcoholism; alcoholism on the

job; alcoholism and crime; public information; and educational programs as defined in subsection c. of this section. Each county shall identify, within its comprehensive plan, the Intoxicated Driver Resource Center which shall service its population, as is required under subsection (f) of R.S. 39:4-50. The plan may involve the provision of programs and services by the county, by an agreement with a State agency, by private organizations, including volunteer groups, or by some specified combination of the above.

If the State in any year fails to deposit a minimum of 10.75% of the receipts derived from the tax under section 3 of P.L. 1980, c.62 (C.54:32C-3), a county may reduce or eliminate, or both, the operation of existing programs currently being funded from the proceeds deposited in the Alcohol Education, Rehabilitation and Enforcement fund.

c. Programs established with the funding for education as provided in section 2 of this act shall include all courses in the public schools required pursuant to N.J.S.A. 18A:35-4, programs for students included in the comprehensive plan for each county, and in-service training programs for teachers and administrative support staff including nurses, guidance counselors, child study team members, and librarians. All moneys dedicated in section 2 of this act for education shall be allocated through the designated county alcoholism agency and all programs shall be consistent with the comprehensive county plan submitted to the Director of the Division on Alcoholism pursuant to this section. Moneys dedicated to education from the fund shall be first allocated in an amount not to exceed 20% of the annual education allotment for the in-service training programs, which shall be conducted in each county through the office of the county alcoholism coordinator in consultation with the county superintendent of schools, local boards of education, local councils on alcoholism and institutions of higher education, including the Rutgers University Center of Alcohol Studies. The remaining money in the education allotment shall be assigned to offset the costs of programs such as those which assist employees, provide intervention for staff members, assist and provide intervention for students and focus on research and educate about youth and drinking. These funds shall not replace any funds being currently spent on education and training by the county.

d. The governing body of each county, in conjunction with the county agency, or individual, designated by the county with responsibility for services and programs for the care or rehabilitation of intoxicated persons and alcoholics, shall establish a citizens advisory committee to assist the governing body in development of the comprehensive plan. The advisory committee shall consist of no less than 10 nor more than 16 members and shall be recovering alcoholics. The committee shall include representatives from among

the judges assigned to the county, the county prosecuter or his designee, a wide range of public and private organizations involved in the treatment of alcohol-related problems and other individuals with interest or experience in issues concerning alcohol abuse. Each committee shall, to the maximum extent feasible, represent the various socioeconomic, racial and ethnic groups of the county in which it serves.

e. The Director of the Division of Alcoholism shall review a plan pursuant to a procedure developed by the director in conjunction with the Advisory Council on Alcoholism established pursuant to section 4 of P.L. 1975, c.305 (C.26:2B-10). In determining whether to approve a comprehensive plan under this act, the director shall consider whether the plan is designed to meet the goals and objectives of the "Alcoholism Treatment and Rehabilitation Act," P.L. 1975, c.305 (C:26:2B-7 et seq.) and whether implementation of the plan is feasible. Each county plan submitted to the director shall be presumed valid provided it is in substantial compliance with the provisions of this act. Where the department fails to approve a county plan, this county may request a court hearing on that determination.

18A:35-4a. Evaluation and treatment of pupils involved with possession or consumption of alcoholic beverages. Each board of education shall adopt and implement, in accordance with rules and regulations promulgated by the State board, policies and procedures for the evaluation and treatment of pupils involved in incidents of possession or consumption of alcoholic beverages on school property or at school functions, or who show significant symptoms of intoxication or of alcoholism on school property or at school functions. In adopting and implementing these policies and procedures, the board shall consult and work closely with a local organization involved with the prevention, detection and treatment of alcoholism approved by the Department of Health. L.1979, C.263, Sect. 2, 1980

2C:33-15. Possession or consumption of alcoholic beverages in public place or motor vehicle by person under legal age.

a. Any person under the legal age to purchase alcoholic beverages who knowingly possesses without legal authority or who knowingly consumes any alcoholic beverage in any school, public conveyance, public place, or place of public assembly, or motor vehicle, is guilty of a disorderly persons offense, and shall be fined not less than $100.

b. Whenever this offense is committed in a motor vehicle, the court may, in addition to the sentence authorized for the offense, suspend or postpone for up to 30 days the driving privilege of the defendant.

c. In addition to the general penalty prescribed for a disorderly person offense, the count may require any person who violates this act to participate in an alcohol education or treatment program, authorized by the Department of Health, for a period not to exceed the maximum period of confinement prescribed by law for the offense for which the individual has been convicted.

d. Nothing in this act shall apply to possession of alcoholic beverages by any such person while actually engaged in the performance of employment pursuant to an employment permit issued by the Director of the Division of Alcoholic Beverage Control, or for a bona fide hotel or restaurant, in accordance with the provisions of R.S. 33:1-26.

18A:37-2. Causes for suspension or expulsion of pupils. Any pupil who is guilty of continued and willful disobedience, or of open defiance of the authority of any teacher or person having authority over him, or of the habitual use of profanity or of obscene language, or who shall cut deface or otherwise injure any school property, shall be liable to punishment and to suspension or expulsion from school.

Conduct which shall constitute good cause for suspension or expulsion of a pupil guilty of such conduct shall include, but not be limited to any of the following:

a. Continued and willful disobedience;

b. Open defiance of the authority of any teacher or person, having authority over him;

c. Conduct of such character as to constitute a continuing danger to the physical well-being or other pupils;

d. Physical assault upon another pupil;

e. Taking, or attempting to take, personal property or money from another pupil, or from his presence, by means of force or fear;

f. Willfully causing, or attempting to cause, substantial damage to school property;

g. Participation in an unauthorized occupancy of any group of pupils or others of any part of any school or other building owned by any school district, and failure to leave such school or other facility promptly after having been directed to do so by the principal or other facility owned by a school district; and

h. Incitement which is intended to and does result in unauthorized occupation by any group of pupils or others of any part of a school or other facility owned by any school district; and

i. Incitement which is intended to and does result in truancy by other pupils; and

j. Knowing possession of knowing consumption without legal authority of alcoholic beverages or controlled dangerous substances on school premises, or being under the influence of intoxicating liquor or controlled dangerous substances while on school premises. Amended by L. 1981, C. 59.

18A:40-4.1. Pupil under influence of narcotic drug, report, examination, suspension. Whenever it shall appear to any teaching staff member, school nurse or other educational personnel of any public school in this state that a pupil may be under the influence of a controlled dangerous substance as defined in P.L. 1970, chapter 226, section 2 (Sect. 24:21-2) or any chemical or chemical compound which releases vapor or fumes causing a condition of intoxication, inebriation, excitement, stupefaction, or dulling of the brain or nervous system including but not limited to glue containing a solvent having the property of releasing toxic vapors or fumes, as defined in P.L. 1965, chapter 41, section 1, (C. 2A:170-25.9) taken for purposes other than the treatment of sickness or injury as prescribed or administered by a person duly authorized by law to treat the sick and injured human beings, such teaching staff member, school nurse or other educational personnel shall report the matter as soon as possible to the school nurse or medical inspector as the case may be and to the principal or, in his absence, to his designee. The principal or his designee shall immediately notify the parent or guardian and the superintendent of schools, if there be one, or the administrative principal and arrange for an immediate examination of the pupil by a doctor selected by the parent or guardian, or if such doctor is not immediately available, by the medical inspector, if he is available. If such doctor or medical inspector is not immediately available, the pupil shall be taken to the emergency room of the nearest hospital for examination accompanied by a member of the school staff designated by the prinicipal and a parent or guardian of the pupil if available. The pupil shall be examined as soon as possible for the purpose of diagnosing whether or not the pupil is under such influence. A written report of said examination shall be furnished within 24 hours by the examining physician to the parent or guardian of the pupil and to the superintendent of schools or administrative principal. If such diagnosis is positive, the pupil shall be returned to his home as soon as possible and the appropriate data shall be furnished to the Department of Health pursuant to the "Controlled Dangerous Substances Registry Act of 1970." P.L. 1970, chapter 227 (C. 26:2G-17, et seq.). The pupil shall not resume attendance at school until he submits to the principal a written report certifying that he is physically and mentally able to return thereto, which report shall be prepared by his personal physician, the medical inspector or the physician who examined him pursuant to the provisions of this act. L 1971, C. 390, Sect. 1.

18A:40-4.2. No legal action against teacher. No action of any kind in any court of competent jurisdiction shall lie against any teaching staff member, school nurse or other educational personnel, medical inspector, examining physician or any other officer or agent of the board of education or personnel of the emergency room of a hospital because of any action taken by virtue of the provisions of this act, provided the skill and care given is that ordinarily required and exercised by other such teaching staff members, nurses, educational personnel, medical inspectors, physicians or other officers or agents of the board of education or emergency room personnel. L. 1971, C. 390.1, Sect. 1.

2A:62A-3. Treatment by medical personnel for dependency upon or illegal use of controlled dangerous substances or use of intoxicating vapor releasing chemical; immunity from liability. Any fully licensed doctor of medicine or doctor of osteopathy, or registered nurse, and any resident or intern on the staff of a hospital, whether or not fully licensed, who in good faith treats or renders care to a person in an attempt to cure such person's dependency upon controlled dangerous substances as defined in P.L. 1970, chapter 226, section 2 (Sect.24:24-2) or to curtail such person's illegal use of controlled dangerous substances, or any chemical or chemical compound which releases vapor or fumes causing a condition of intoxication, inebriation, excitement, stupefaction, or dulling of the brain or nervous system, including but not limited to glue containing a solvent having the property of releasing toxic vapors or fumes, as defined in P.L. 1965, chapter 41, section 1 (C 2A:170-25.9), shall not be liable for any civil damages as a result of any of his acts or omissions in rendering such care, provided the skill and care given is that ordinarily required and exercised by others in the profession. The grant of immunity provided for herein shall also extend to the administrative personnel including all members of the medical staff and board of directors of hospitals and clinics treating such person. L. 1971 C. 414.1, Sect. 1.

2A:62A-4. Reports by educational personnel on dependency upon or illegal use of controlled dangerous substances or use of intoxicating vapor releasing chemical; immunity from liability. Any teacher, guidance counselor, pyschologist, registered nurse of other educational personnel employed by or in any of the public or private schools of this State who in good faith reports a person to the principal or his designee or to the medical inspector or school physician or school nurse in an attempt to help such person cure his dependency upon illegal use of controlled dangerous substances as defined in P.L. 1970, chapter 226, section 2 (C:24-21-2), or such chemical or chemical compound as defined in P.L. 1965, chapter 41, section 1 (C:2A:170-25.9), shall not be liable in civil damages as a result of making any such report. L. 1971, C. 414.2, Sect. 2.

18A:26-8. Examination in physiology and hygiene with special reference to alcohol drinks and narcotics

No certificate to teach in the public schools shall be issued to any teaching staff member who has not passed a satisfactory examination in physiology and hygiene with special reference to the nature of alcoholic drinks and narcotics and their effects upon the human system. Amended by L. 1979, c.263, effective January 2, 1980.

26:2G-17,18,19,20. The Controlled Dangerous Substances Registry Act of 1970. This act charges the Division of Narcotic and Drug Abuse Control in the Department of Health to collect appropriate data from physicians, dentists and others, including educational personnel, on persons who abuse narcotics and other dangerous substances.

It was agreed upon by the Department of Education and the Department of Health that the Division of Narcotic and Drug Abuse Control would only accept reports from physicians officially associated with schools, and not directly from educational personnel such as teachers, counselors, etc. The latter groups could refer suspected drug abusers to the school physicians, who would then determine whether a report to the Registry is required.

39:4-51a An Act prohibiting the consumption of alcoholic beverages while operating a motor vehicle and supplementing chapter 4 of Title 39 of the Revised Statutes.

a. A person shall not consume an alcholic beverage while operating a motor vehicle. A passenger in a motor vehicle shall not consume an alcoholic beverage while the motor vehicle is being operated. This subsection shall not apply to a passenger of a charter or special bus operating as defined uner R.S. 48:4-1 or an autocab, limousine or livery service.

b. A person shall be presumed to have consumed a alcoholic beverage in violation of this section is an unsealed container of a alcoholic beverage is located in the passenger compartment of the motor vehicle, the contents of the alcoholic beverages have been partially consumed and the physical appearance or conduct of the operator of the motor vehicle or a passenger may be associated with the consumption of an alcoholic beverage. For the purposes of this section, the term "unsealed" shall mean a container with its original seal broken or a container such as a glass or cup.

c. For the first offense, a person convicted of violating this section shall be fined $200.00 and shall be informed by the court of the penalities for a second or subsequent violation of this section. For a second or subsequent offense, a person convicted or violating this section shall be fined $250.00 or shall be ordered by the court to perform community service for a period of 10 days in such form and on such terms as the court shall deem appropriate under the circumstances.

H. NEW JERSEY ADMINISTRATIVE CODE AFFECTING DRUG AND ALCOHOL ISSUES

(Chapter 3, Subchapter 2, Pupil Records)

6:3-2.1. Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

Access means the right to view, to make notes, and/or to have a reproduction of the pupil record made.

Adult pupil means a person who is or was enrolled in a public school and who is at least 18 years of age or an emancipated minor.

Parent means the natural parent(s), or legal guardian(s), foster parent(s), or parent surrogate(s) of a pupil. Where parents are separated or divorced, parent means the person or agency who has legal custody of the pupil, as well as the natural parents of the pupil, provided such parental rights have not been terminated by a court of appropriate jurisdiction.

Parent surrogate(s) means an individual or individuals approved by the Department of Education to act on behalf of a pupil whose parents are not available in assuring the pupil's educational rights.

Pupil means a person who is or was enrolled in a public school.

Pupil record means information related to an individual pupil gathered within or without the school system and maintained within the school system, regardless of the physical form in which it is maintained. Essential in this definition is the idea that any information which is maintained for the purpose of second party review is considered a pupil record. Therefore, information recorded by any certified school personnel solely as memory aid, not for the use of a second party is excluded from this definition.

6:3-2.2 General considerations

(a) This subchapter applies to all public or private agencies which provide educational services by means of public funds. Public schools and all such agencies shall include, but not be limited to, all local boards of education, county boards of special services school districts, jointure commissions, and education services commissions.

(b) Each local school district shall have the responsibility to compile and maintain pupil records and to regulate access to and security of such records in accordance with this subchapter.

(c) Pupil records shall contain only such information as is relevant to the education of the pupil, and is objectively based on the personal observations or knowledge of the originator of the record.

(d) The local school district shall notify parents annually in writing of their rights in regard to pupil records, and shall make copies of the

applicable State and Federal laws and local policies available upon request. Local school districts shall make every effort to notify parents in the language of the parent.

(e) A nonadult pupil may assert rights of access only through his/her parents. However, nothing in these rules shall be construed to prohibit certified school personnel, in their discretion, from disclosing pupil records to nonadult pupils, or to appropriate persons in connection with an emergency, if such knowledge is necessary to protect the health or safety of the pupil or other persons.

(f) The parent(s) shall either have access to or be specifically informed about only that portion of another pupil's record that contains information about his/her own child.

(g) Each local school district shall establish written policies and procedures for pupil records which:

1. Guarantee access to persons authorized under this subchapter in a reasonable amount of time, within ten days and not to exceed 25 days; but prior to any review or hearing conducted in accordance with State Board of Education regulations;

2. Assure security of the records; and

3. Enumerate and describe the pupil records collected and maintained by the school district.

(h) All anecodotal information and assessment reports collected on a pupil shall be dated and signed by the individual who originated the data.

(i) The chief school administrator shall require all permitted pupil records of currently enrolled pupils to be reviewed annually by certified school personnel to determine the educational relevance of the material contained therein. The reviewer shall cause to be deleted from the records, data no longer descriptive of the pupil or educational situation. Such information shall be destroyed and shall not be recorded elsewhere, nor shall a record of such deletion be made.

(j) No liability shall attach to any member, officer or employee of any local board of education permitting access or furnishing pupil records in accordance with these rules and regulations.

(k) When the parents' dominant language is not English or the parent is deaf, the local school district shall make every effort to:

1. Provide interpretation of the pupil record in the dominant language of the parent; or

2. Assist the parents in securing an interpreter.

6:3-2.3 Mandated and permitted pupil records

(a) The local school district may not compile any other pupil records, except mandated and permitted records as herein defined:

1. Mandated pupil records are those pupil records which the schools have been directed to compile by New Jersey statute, regulation or authorized administrative directive. Mandated pupil records shall include the following:

i. Personal data which identifies each pupil enrolled in the school district. These data shall include the pupil's name, address, date of birth, name of parents and/or guardians, citizenship and sex of the pupil. The local school district is prohibited from recording the religious or political affiliation of the pupil and/or parents unless requested to do so in writing by the parent or adult pupil. The district is also prohibited from labeling the pupil illegitimate;

ii. Record of daily attendance;

iii. Descriptions of pupil progress, according to the system of pupil evaluation used in the district. Grade level or other program assignments shall also be recorded;

iv. History and status of physical health compiled in accordance with State regulations, including results of any physical examinations given by qualified district employees;

v. All other records required by the State Board of Education, including those pursuant to rules and regulations regarding the education of educationally handicapped pupils, including printed test forms supporting classification and placement.

2. Permitted pupil records are those which a local board of education has authorized the district to collect by resolution adopted at a regular public meeting to promote the educational welfare of the pupil. The local board of education shall report annually at a public board meeting a description of the types of pupil records it has authorized certified school personnel to collect and maintain. The pupil records so authorized must also comply with this subchapter as to relevance and objectivity.

6:3-2.4 Maintenance and security of pupil records

(a) The chief school administrator or designee shall be responsible for the security of pupil records maintained in the local school district and shall devise procedures for assuring that access to such records is limited to authorized persons.

(b) Records for each individual pupil shall be maintained in a central file at the school attended by the pupil. When records are maintained in

different locations, a notation in the central file as to where such other records may be found is required.

6:3-2.5 Access to pupil records

(a) Only authorized organizations, agencies or persons as defined herein shall have access to pupil records.

(b) The local board of education may charge a reasonable fee for reproduction not to exceed the schedule of costs set forth in N.J.S.A. 47:1A-2, provided that the cost does not effectively prevent the parents from exercising their rights under this subchapter or under rules and regulations regarding educationally handicapped pupils.

(c) Copying of material such as printed test forms which are subject to copyright laws is prohibited.

(d) Authorized organizations, agencies, and persons shall include only:

1. The parent(s) or legal guardian(s), foster parent(s) or parent surrogate(s) of a pupil under the age of 18, and the pupil who has the written permission of such parent(s) or guardian(s);

2. Pupils at least 16 years of age who are terminating their education in the district because they will graduate secondary school at the end of the term, or no longer plan to continue their education;

3. The adult pupil and the pupil's parent(s) or guardian(s) who have the written permission of such pupil, except that the parents or guardians shall have access without consent of the pupil as long as the pupil is financially dependent on the parents or guardians and enrolled in the public school system or if the pupil is legally incompetent;

4. Certified school personnel who have assigned education responsibility for the pupil;

5. Accrediting organizations in order to carry out their accrediting functions;

6. The Commissioner of Education and members of the New Jersey Department of Education staff who have assigned responsibility which necessitates the review of such records;

7. Officials of other public school districts, county boards of special services school districts, jointure commissions and state operated special education programs within the State of New Jersey in which the pupil is registered or intends to enroll, subject to the following conditions:

i. Mandated pupil records shall be forwarded to the receiving district with written notification to the parent or adult pupil;

ii. Permitted records shall be forwarded to the receiving district only with the written consent of the parent or adult pupil except where a formal sending-receiving relationship exists between the school disricts;

iii. All records to be forwarded shall be sent to the administrative official of the school to which the pupil has transferred within 10 days after the transfer has been verified by the requesting school district;

8. Officers and employees of a State agency, responsible for protective services to children, engaged in investigations pursuant to N.J.S.A. 9:6-8.40 as to a pupil referred to that agency as a minor requiring investigation or supervision by that agency. Whenever appropriate, local school districts shall ask such State agency for its cooperation in sharing the findings of the investigation;

9. Organizations, agencies, and persons from outside the school if they have the written consent of the parents of adult pupils, except that these organizations, agencies, and persons shall not transfer pupil record information to third party without the written consent of the parent or adult pupil;

10. Organizations, agencies, and individuals outside the school, other than those specified in this rule, upon the presentation of a court order;

11. Bona fide researchers who explain in writing the nature of the research project and the relevance of the records sought, and who satisfy the chief school administrator that the records will be used under strict conditions of anonymity and confidentiality. Such assurance must be received in writing by the chief school administrator prior to the release of information to the researcher.

6:3-2.6 Conditions for access to pupil records

(a) All authorized organizations, agencies and persons defined in the subchapter shall have access to the records of a pupil, subject to the following conditions:

1. No pupil record shall be altered or destroyed during the time period between a written request to review the record and the actual review of the record;

2. Authorized organizations, agencies and persons from outside the school whose access requires the consent of parents or adult pupils must submit their request in writing to view the records, together with any required authorization, to the chief school administrator, or his/her designee;

3. The chief school administrator or his/her designee shall be present during the period of inspection to provide interpretation of the records where necessary and to prevent their alteration, damage or loss. In every instance of inspection of pupil records by persons who do not have assigned educational responsibility, an entry shall be made in the pupil record of the names of persons granted access, the reason access was granted, the time and circumstances of inspection, the records studied, and the purposes for which the data will be used;

4. Unless otherwise judicially instructed, the school district shall, prior to the disclosure of any pupil records to organizations, agencies or persons outside the school pursuant to a court order, give the parent or adult pupil at least three days notice of the name of the requesting agency and the specific records requested. Such notification shall be provided in writing if practicable. Only those records related to the specific purpose of the court order shall be disclosed;

5. A record may be withheld from a parent or guardian of a pupil under 18, or from an adult pupil, only when the chief school administrator in consultation with the professional staff is convinced that the disclosure would create a substantial risk or harm to the pupil or to a person with whom the record is concerned. When the chief school administrator is convinced that the risk is of such high degree, he/she shall notify the parent, guardian, or adult pupil in writing within five days that access to the record has been denied, and that the person has the right to appeal this decision to the Commissioner of Education. If an appeal should be made, the Commissioner shall designate a professional of the same discipline as the originator of the record to review the record and to recommend whether access should be granted. The Commissioner shall make a determination within 30 days of the receipt of the request. Any decision made by the Commissioner may be appealed to the State Board of Education.

6:3-2.7 Rights of appeal for parents and adult pupils

(a) Pupil records are subject to challenge by parents and adult pupils on grounds of inaccuracy, irrelevancy, impermissive disclosure, inclusion of improper information or denial of access to organiztions, agencies and persons. The parent or adult pupil may seek to:

1. Expunge inaccurate, irrelevant or otherwise improper information from the pupil record;

2. Insert additional data as well as reasonable comments as to the meaning and/or accuracy of the records;

3. Request an immediate stay of disclosure pending final determination of the challenge procedure as described in this subchapter.

(b) To appeal, a parent or adult pupil must notify the chief school administrator in writing of the specific issues relating to the pupil record. Within ten days of notification, the chief school administrator or designee shall meet with parent or adult pupil to review the issues set forth in the appeal. If the matter is not satisfactorily resolved, the parent or adult pupil may appeal this decision to the local board of education or Commissioner of Education within 10 days. If appeal is made to the local school board, a decision shall be rendered within 20 days. The decision of the local school board may be appealed to the Commissioner pursuant to N.J.S.A. 18A:6-9 and rules adopted in accordance with such statute. At all stages of the appeal process, the parent shall be afforded a full and fair opportunity to present evidence relevant to the issue. A record of the appeal proceedings and outcome shall be made a part of the pupil record with copies made available to the parent or adult pupil.

(c) Appeals relating to the pupil records of educationally handicapped pupils shall be processed in accordance with the requirements of N.J.A.C. 6:28-.1 et seq.

6:3-2.8 Retention and destruction of pupil records

(a) Upon the graduation or permanent departure of a pupil from the school system, the parent or adult pupil shall be notified in writing that a copy of the entire pupil record will be provided to them upon request.

(b) No additions shall be made to the record after graduation or permanent departure without the prior written consent of the parent or adult pupil.

(c) The New Jersey public school district of last attendance shall keep in perpetuity a permanent record of a pupil's name, date of birth, sex, address, telephone number, grades, attendance record, classes attended, grade level completed, year completed, name(s) of parent(s) or guardian(s) and citizenship status.

(d) Information in pupil records, other than that described above may be destroyed after the information is no longer necessary to provide education services to a pupil. Such destruction shall be accomplished only after written parental or adult pupil notification and written parental or adult pupil permission has been granted or after reasonable attempts of such notification and reasonable attempts to secure parental permission have been unsuccessful.

(e) The New Jersey public school district of last attendance shall be responsible for maintaining a pupil's records upon the graduation or permanent departure of the pupil from the system of free and appropriate public education pursuant to N.J.A.C. 6:1-1.1 et seq.

SPECIAL ACKNOWLEGEMENTS APPENDIX 8

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